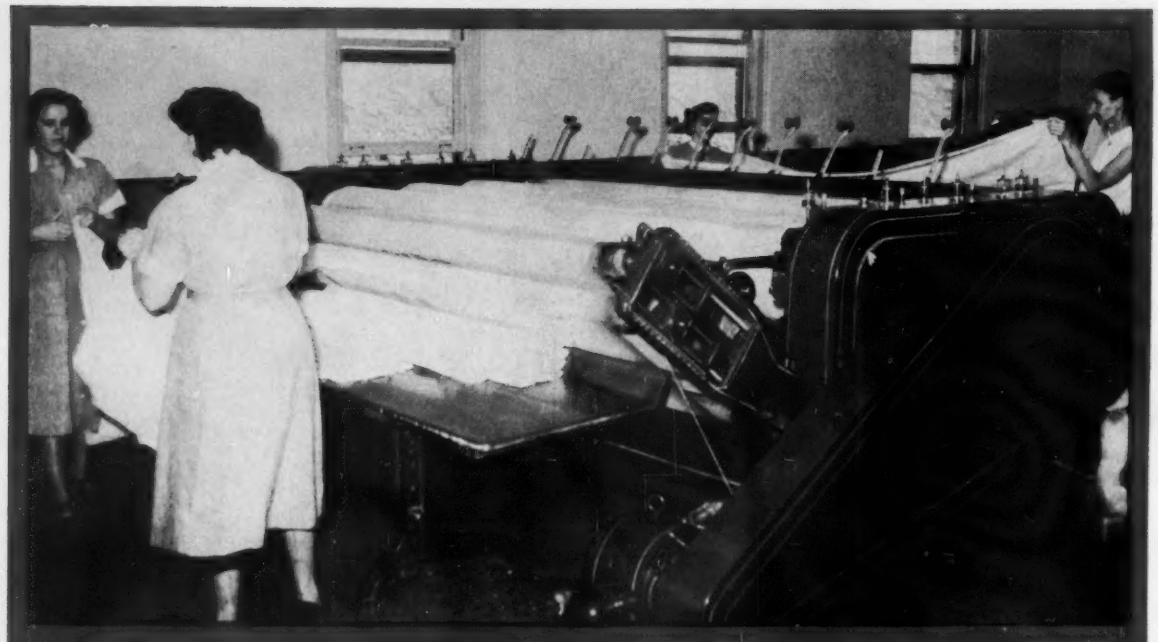
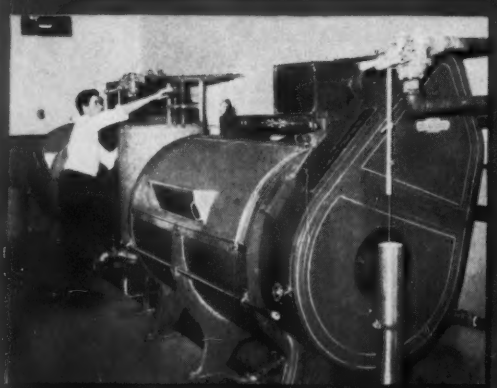
November, 1955

Canadian Hospital

- *Apathy must be dispelled*
- *New Hospital at Tofino, B.C.*
- *C.S.L.T. survey of holiday schedules*
- *Canadians prominent at A.C.H.A. convocation*
- *Reports on conventions, conferences, and meetings*

Canadian Hospital Association





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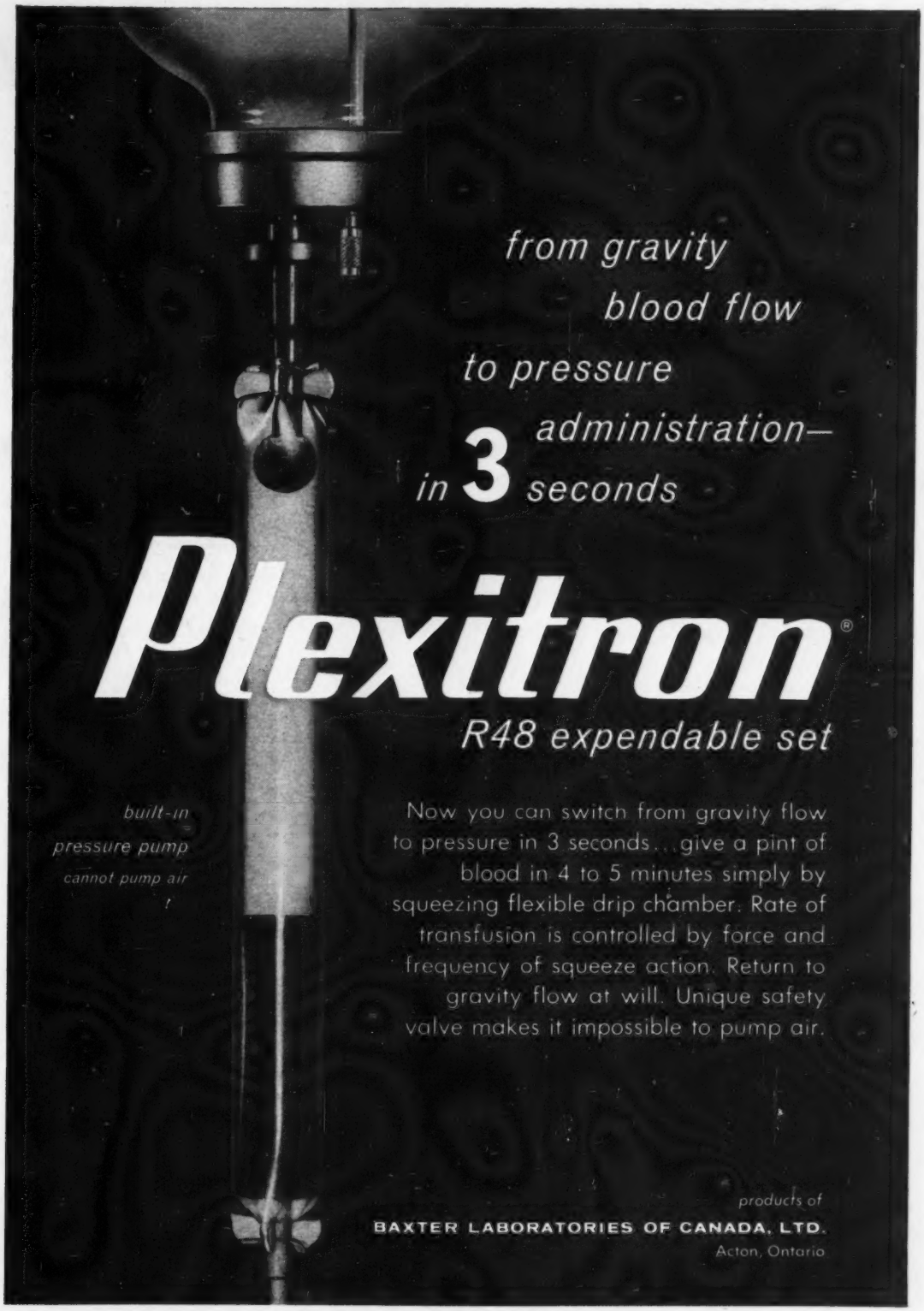

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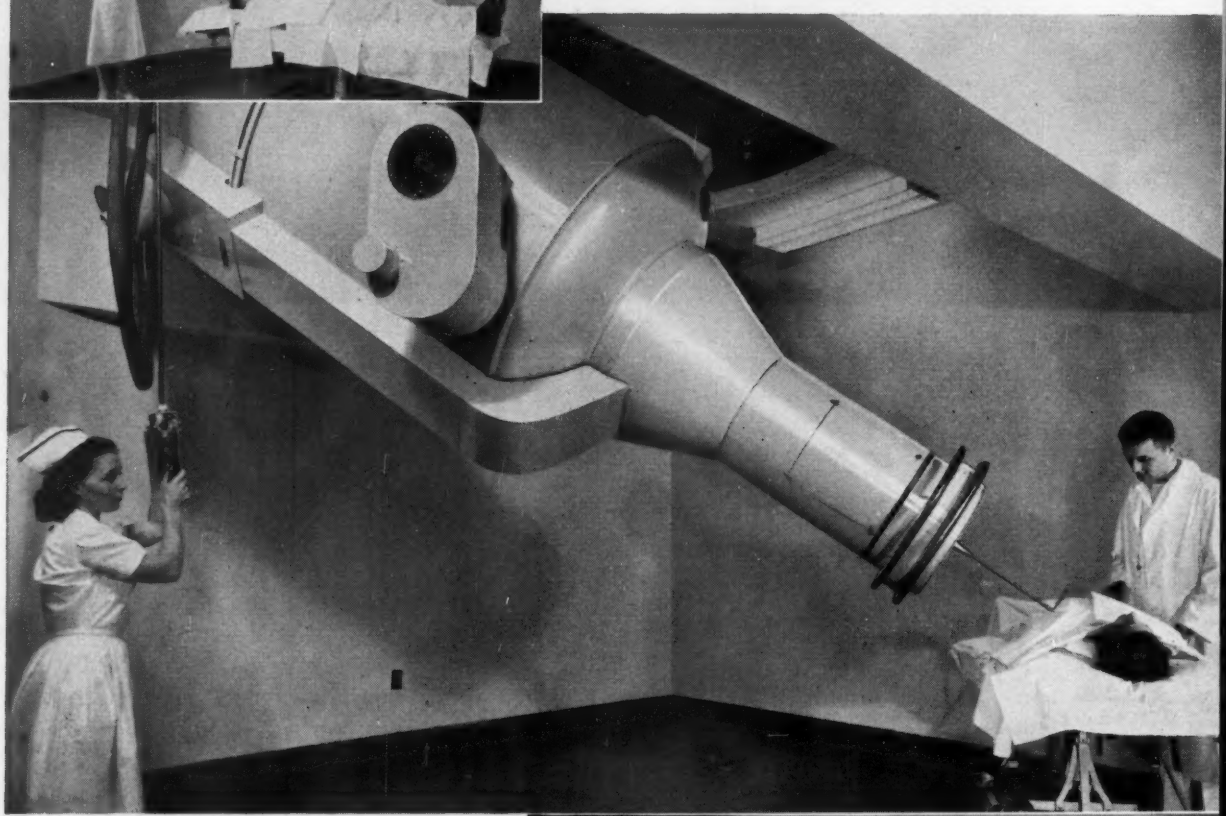

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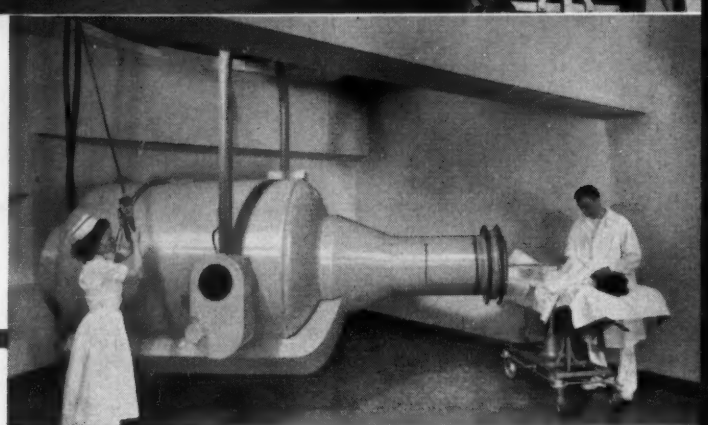
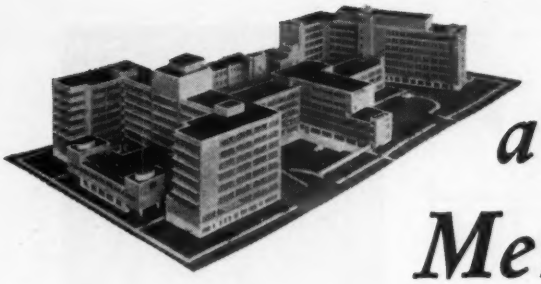
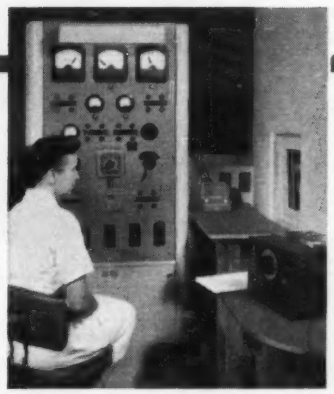
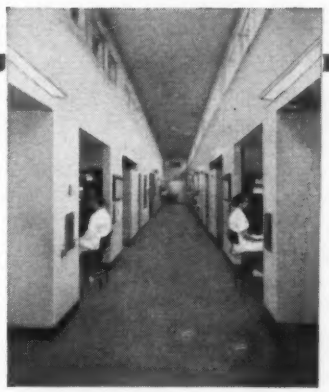




at Roswell Park Memorial Institute



Pictured at right is the main corridor of the Roswell Park Radiation Therapy Wing. A total of 13 x-ray therapy units operate in rooms that flank this corridor. Photo at left shows control alcove of one of the Institute's two-million-volt supervoltage machines.



World's oldest cancer research institute expands facilities. Adds two G-E 2-mev MAXITRONS®

BUFFALO, N.Y. — Roswell Park Memorial Institute, world's oldest cancer research center, recently completed a $9,000,000 expansion program of its clinical facilities in which radiation therapy played an important part. A pioneer user of supervoltage radiation therapy, the institute has had over 15 years of experience with a G-E one-million-volt Maxitron therapy unit.

In response to constantly increasing patient load, and the growing demands of research, two new G-E two-million-volt units have been installed. Patient load on a typical day is distributed among various units as charted here in the accompanying table.

No. of X-Ray Units and Voltage	Patients	Fields
1 — 45 kvp	1	1
1 — 100 kvp	14	15
1 — 140 kvp	3	8
2 — 200 kvp	16	40
1 — 250 kvp	11	20
5 — 400 kvp	28	86
2 — 2 mvp	35	72

In addition, the new units are used for rotational therapy. Even though one of the new machines is used half days for physical measurements of fundamental interest in radiology, more patients are treated at supervoltage than at any specific lower voltage.

If you are interested in expanding or modernizing your therapy facilities, get all the facts on Maxitron 1000 and 2000 supervoltage therapy units from your G-E x-ray representative . . . or write General Electric X-Ray Corporation, Limited—Montreal, Toronto, Vancouver, Winnipeg.

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◂ Notes About People ▸

About the Second Vice-President of the Canadian Hospital Association

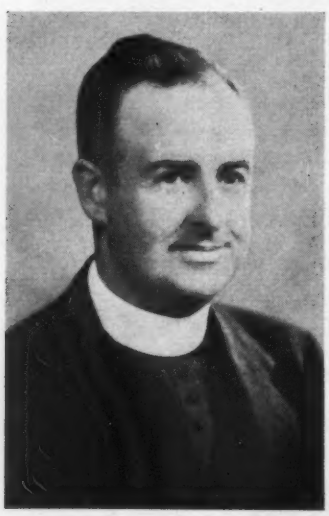
(This is the fifth of a series of biographical notes, introducing officers and directors of the Canadian Hospital Association for 1955-57.—Edit.)

Right Reverend John G. Fullerton, D.P., second vice-president of the Canadian Hospital Association, is Director of Catholic Charities for the Archdiocese of Toronto and, together with his social work, he has for many years given very generously of his time and energy in serving the hospitals of his native province and the hospital field at large.

Born in Toronto, Msgr. Fullerton was educated at De La Salle College and St. Augustine's Seminary in that city and later at the Catholic University of America in Washington, D.C. He was ordained in 1930 and, after eight years of parish work, became director of the Catholic Welfare Bureau in 1939. He has held his present post as director of Catholic Charities since 1946.

In December, 1954, he was appointed Domestic Prelate by His Holiness Pope Pius XII and in February, 1955, some 600 persons attended a testimonial and reception in his honour. This was held in Carr Hall, St. Michael's College, when he was presented with a purse and illuminated addresses were read from the Catholic Charities, the Catholic hospitals of the archdiocese of Toronto, neighbours in the Catholic Office Building on Bond Street in Toronto, and personal friends. Messages of congratulation were read from many organizations including the Canadian Hospital Association, Ontario Hospital Association, the Catholic Hospital Association of the United States and Canada, the Catholic Hospital Association of Canada, the Maritime Conference of the Catholic Hospital Association, the Canadian Association of Social Welfare, and the National Conference of Catholic Charities in Washington, D.C. (See *Canadian Hospital*, March, 1955, page 12.)

Long a leading figure in the Ontario Hospital Association, Msgr. Fullerton was president in 1946-47 and still serves on its board of directors. He was president of the Catholic Hospital Council of Canada in 1952-53 and has been on the board of directors of the Canadian Hospital Association since 1953. He is chairman of the board of governors of St. Joseph's Hospital, Toronto, president of the F. K. Morrow Foundation, vice-president of the Toronto Hospital Council, and spiritual advisor and Bishop's representative to the Ontario Conference of the Catholic Hospital Association.

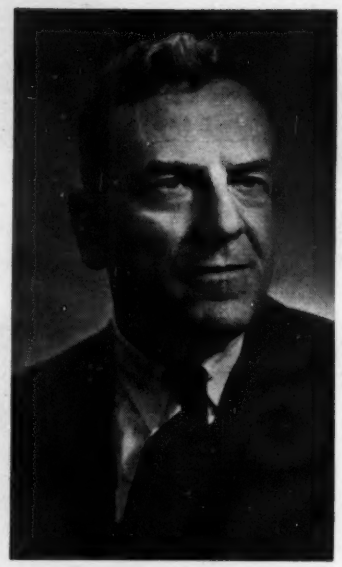


Rt. Rev. John G. Fullerton, D.P.

* * * *

R. J. Weatherill Retires
New Appointments at St. Catharines

The retirement of R. James Weatherill, administrator of the St. Catharines General Hospital, St. Catharines, Ont., was announced recently. Mr. Weatherill, who has been on sick leave for almost a year, has been succeeded in office by E. Carey Robinson, who joined the hospital's staff in 1951 and has been assistant administrator since 1953. Hugh F. Ross, formerly business manager of the Ormstown Medical Centre, Ormstown, P.Q., has been appointed assistant administrator.



R. J. Weatherill

Mr. Weatherill spent most of his younger years in western Canada and served in the armed forces in both World War I and II. He was appointed business manager of the St. Catharines General Hospital in 1944 and, four years later, became the hospital's administrator. Mr. Weatherill is a past president of the Ontario Hospital Association.

E. Carey Robinson, a chartered accountant formerly associated with a Toronto firm of chartered accountants, joined the staff of the St.

(Continued on page 16)

E. Carey Robinson

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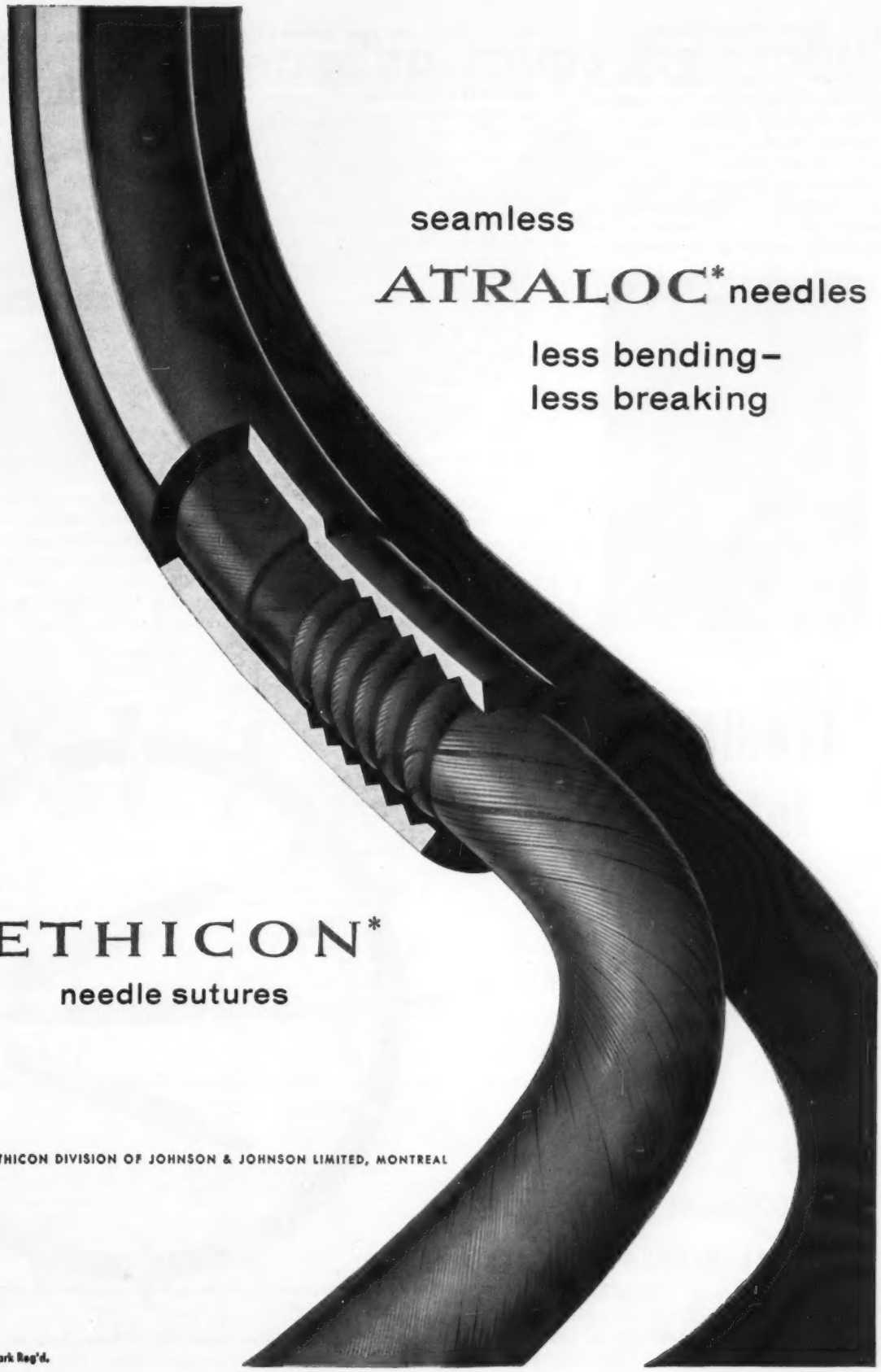

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Notes About People

(Continued from page 12)

Catharines General Hospital in 1951 as office manager. He is a graduate of the Canadian Hospital Association extension course in hospital organization and management. Mr. Robinson is vice-president of the Ontario Hospital Association regional hospital council No. 4 and a member of the accounting section of the association.

Hugh F. Ross

Hugh F. Ross, the new assistant administrator, is a graduate of the University of British Columbia. Later he enrolled in the post-graduate course in hospital administration at the University of Toronto. In 1951, he served his administrative residency at the St. Catharines General Hospital prior to his appointment in Ormstown, P.Q. The retirement of Mr. Weatherill and the appointments of Mr. Robinson and Mr. Ross are retroactive to September 1st.

* * * *

J. S. Renton Appointed Administrator at Wallaceburg

J. Sydney Renton has been appointed administrator of the new Sydenham District Hospital, Wallaceburg, Ont., which is expected to be completed next summer. Mr. Renton was graduated from the University of British Columbia with the degree of bachelor of arts. Later, he enrolled in the post-graduate course in hospital administration at the University of Toronto. He served his administrative residency at the Victoria Hospital, London, Ont. Prior to his new appointment, which became effective in September, Mr. Renton was hospital business supervisor with the Abitibi Power and Paper Company Ltd., coordinating the administration of the company's three hospitals in Northern Ontario and Manitoba, with headquarters in Iroquois Falls, Ont. H. J. Peddie, formerly secretary-treasurer of the Brooks Municipal Hospital, Brooks, Alta., succeeds Mr. Renton at Iroquois Falls.

* * * *

Sister Denise Lefebvre Receives Doctor of Philosophy Degree

The degree of Doctor of Philosophy in education has been conferred upon Sister Denise Lefebvre, director of the Institut Marguerite d'Youville, Montreal, by the faculty of arts at the University of Montreal. A graduate in nursing from St. Boniface Hospital, St. Boniface, Man., Sister Lefebvre was granted a bachelor of arts degree from the University of Montreal, a bachelor of science degree in nursing education from St. Louis University, St. Louis, Mo., and a master of science degree in nursing education from the Catholic Univer-

(Continued on page 22)

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CS BASE	1-lb. Jar	5-gals. water	6-oz.	106	0.0146
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332	9½ oz. Heavy Base	6	39
333	11½ oz. Heavy Base	6	45
334	6½ oz. Heavy Base	6	34
335	9 oz. Heavy Base—Table	6	36
336	9 oz. Heavy Base—Tapered	6	40
337	8 oz. Heavy Base—Tapered	6	34
338	6¾ oz. Heavy Base—Tapered	6	34
339	5½ oz. Heavy Base	6	30

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Notes About People

(Continued from page 16)

sity of America, Washington, D.C. Sister Lefebvre's thesis for her doctorate established her as one of Canada's foremost authorities on the evaluation of schools of nursing. She has been an active member of many committees in the Association of Nurses of the Province of Quebec. Currently, Sister Lefebvre is the member of the Nursing Sisterhoods for Quebec on the executive committee of the Canadian Nurses' Association and is chairman of the Canadian Conference for Catholic Schools of Nursing.

* * * *

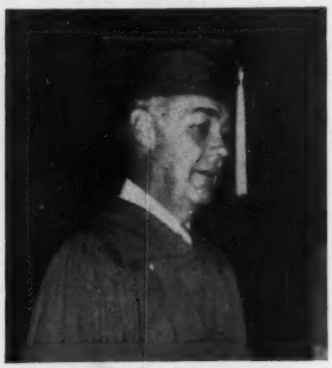
Sister M. Patricia Receives New Appointment in Sudbury

Sister M. Patricia, formerly director of nurses, St. Joseph's General Hospital, Port Arthur, Ont., is now superintendent of the Sudbury General Hospital of the Immaculate Heart of Mary, Sudbury, Ont. Sister Patricia replaces Sister Felicitas who has been moved to North Bay. Sister Patricia is a graduate of the Ottawa Civic Hospital School of Nursing, Ottawa, and took post-graduate work in nursing education at the University of Western Ontario, London. She is also a graduate of the Canadian Hospital Association's extension course in hospital organization and management.

* * * *

Dr. Emory W. Morris Honoured

Dr. Emory W. Morris, president and general director of the W. K. Kellogg Foundation, Battle Creek, Michigan, received an honorary fellowship at the 21st annual convocation of the American College of Hospital Administrators. The citation was read by Dr. Robin C. Buerki of Detroit.



Dr. Emory W. Morris

In conferring this signal honour, the College has recognized the Foundation's contribution to the improvement of hospital administration, as well as the active interest of Dr. Morris and his significant personal contribution to the field. In Canada the hospitals division of the W. K. Kellogg Foundation made possible the establishment of the diploma course in hospital administration at the University of Toronto. It has also supported financially the extension course in hospital organization and management operated by the Canadian Hospital Association and the one for training medical record librarians which is sponsored by the Canadian Association of Medical Record Librarians and the Canadian Hospital Association. The Foundation likewise supports the report accounting program for small hospitals conducted by the Associated Hospitals of Manitoba.

Dr. Morris is a native of Nashville, Michigan, and was graduated in dentistry from the University of

(Concluded on page 88)

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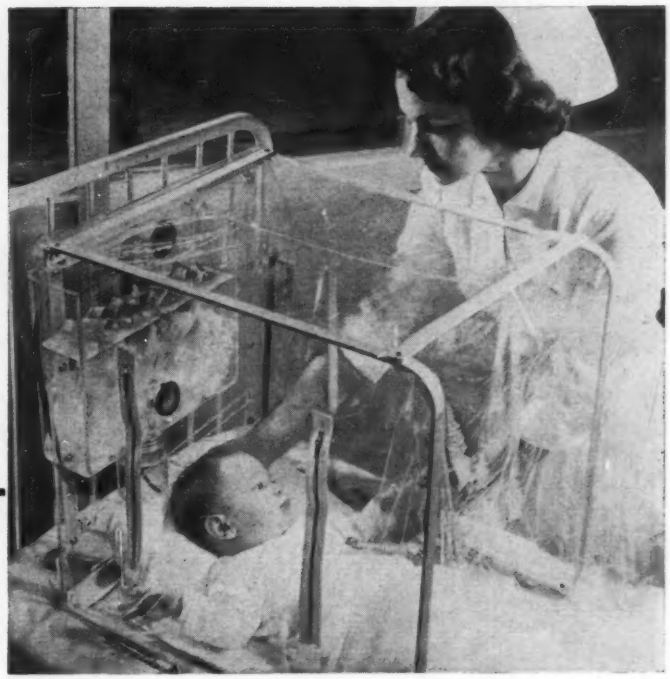

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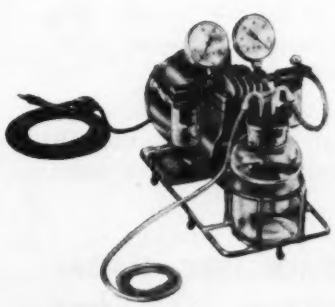

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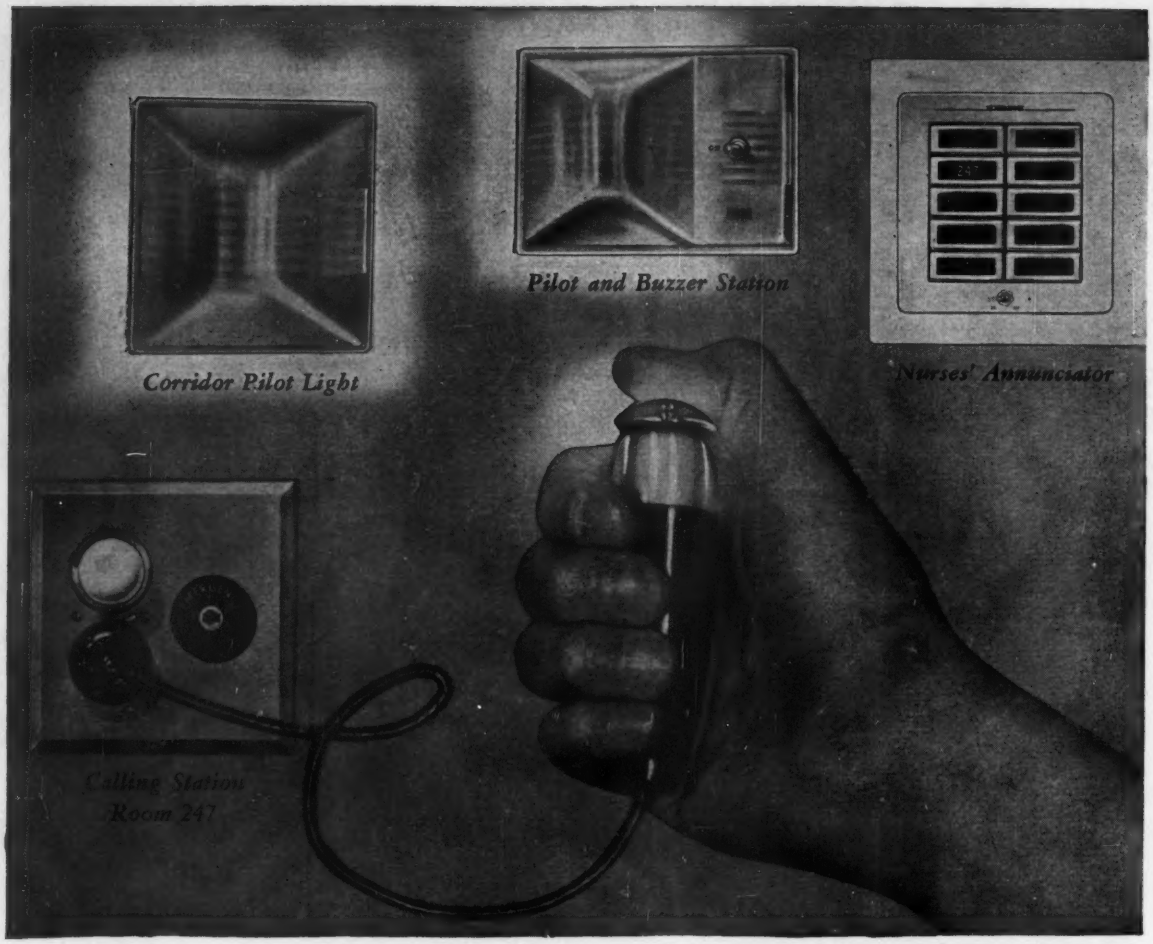

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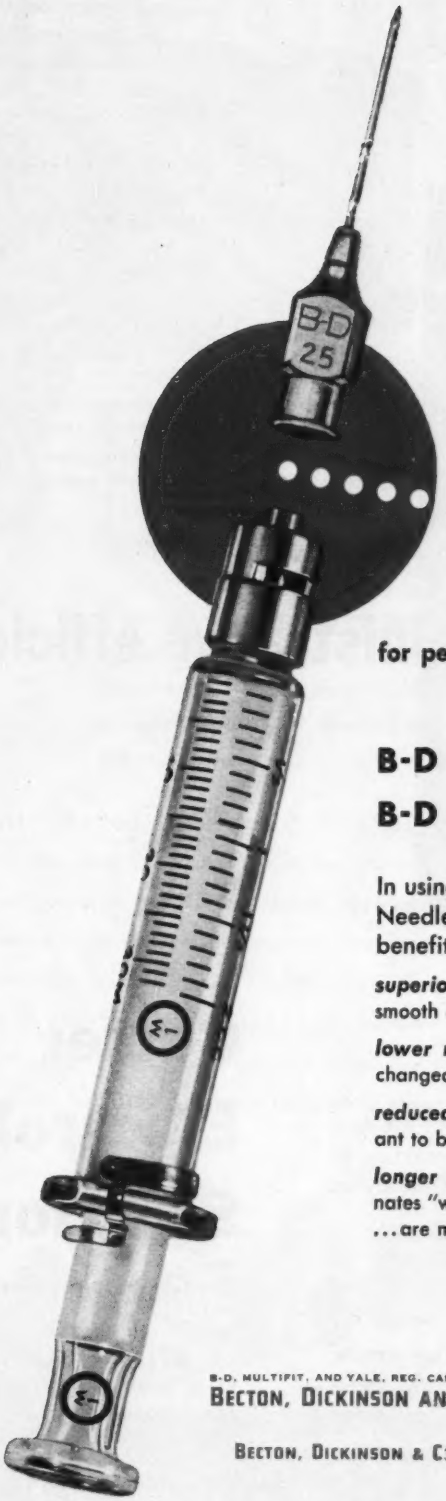

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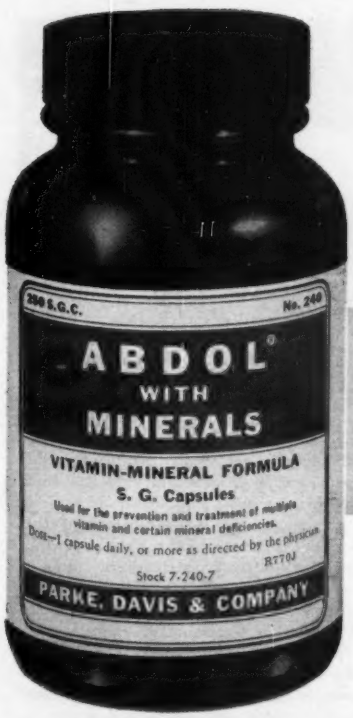

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The Canadian Hospital

Obiter Dicta

C.H.A. Educational Programs Renewed

SOME FOLK think our winters are too cold, our summers too hot, or our spring season too slow in advaning, but everyone likes the fall. With the coming of bracing air in the autumn, gone is the lethargy left over from the hot, humid days of the summer. Trees take on a riot of colour, and who can resist a walk in the Canadian woods at this time of year? What a glorious panorama for the amateur photographer!

In the realm of nature, spring is the season of renewal. The earth takes on a green carpet and it is a time of seeding and growth. In the affairs of men, however, the fall is a time of renewal, too. Educational programs which have recessed for the summer commence; committees take up their duties; and many organizations renew their work and make plans for the coming year.

In the hospital field, the fall is a busy season and educational programs are getting under way. The two extension courses conducted by the Canadian Hospital Association are part of this general picture. In the course in hospital organization and management, some 143 students from all across Canada are busily engaged with lecture material, textbooks, and assignments. Added to the 110 graduates of this course, we now welcome 82 students enrolled in the first year and 61 who are continuing with the second year of their studies. The second-year group, following the summer session held this year on the campus of the University of Toronto, earned a brief respite from their studies during the summer months. With the coming of fall, however, they are back at the grind again. To our students who are now commencing another year's work and who, in addition to carrying on their regular work in the hospital, have the ambition to devote many extra hours to formal study, we offer every good wish for a successful year's work ahead.

In our course for training medical record librarians, operated in conjunction with the Canadian Association of Medical Record Librarians, the first class has now graduated (see page 64). Of the 29 students in our second-year class last year, all have successfully completed the year's work and the month's study in a medical record department. They, too, are equally deserving of congratulations. To the 40 students entering on their course of studies and the 33 students entering the second year, we offer also every good wish for a profitable and successful year of work.

With a few years of experience in conducting extension programs behind us, we are reaching a position to evaluate our endeavours. Results, frankly, have been gratifying. Reports of renewed interest and added enthusiasm on the part of students, word from their superior officers of proved ability to handle wider responsibilities and keener comprehension of the scope of their work—these are some of the indications of satisfaction with the programs. The continuing and increased demand for the courses offers further weight to the conclusion that good results have been attained.

We hope that by next summer the teaching staffs can look back on a record of completed assignments, rousing discussions and intelligent questions, comparable to those of the past few years. If so, we can be fairly certain that the introduction of these courses has filled more than a transient, temporary need for training of this nature in our broadening hospital world.

Health Insurance in the Air

MAN AS an individual and a species is very much a creature who lives in the present. This is especially true today, when most of us are so fully engaged in our daily tasks that little time is left for thoughts of the future and even less for learning from the past. It was in our own era that a noted industrialist was reported widely as having stated in other words that the study of history was a waste of time. While this caused outcries from some quarters, undoubtedly he was echoing the thoughts of the majority of people who are representative of current North American civilization—the attitude being if it cannot be turned to financial gain why waste time with it, for time is money!

If we take time out for reflection—a mental process which in our bustling world is too infrequent for our own good—it would be quite apparent that what success we as a civilization enjoy today results from efforts made in the past and that by a study of earlier eras many lessons can be learned which will make the present more pleasant and the future more secure.

In the field of hospital care a study of the past is not only profitable but it is most interesting. A study of the functioning of hospitals in other days, the treatments used and the great ignorance of the principles of hygiene which prevailed is almost unbelievable to us. If one gains no other benefit, there is at least the realization that the phrase "The good old days" does not apply to hospital care.

So much are we a part of the present that we automatically resent anything which tends to change the *status quo* of our current situation. Anyone who doubts this statement can prove it for himself by instituting a new procedure in the main office, in the ward, or elsewhere in the hospital, and observing how quickly the staff will bring forward numerous reasons why it will not work. So common a trait of human nature is this that one wonders how anything ever did get changed, yet it is true that in the broad sphere of human endeavour change is a continual process. However, as we live from day to day, the long-range trends are not apparent to us.

A noteworthy trend during the past two decades has been an increasing awareness on the part of the public generally of the value of good health. This increasing health consciousness has been reflected in the greater number of patients which hospitals have had to care for and, today, people seek readily the services of the hospital for many diagnostic and therapeutic measures. Increasing community participation and support, along with the phenomenal advance in medical science, has been accompanied by major changes in the role of the hospital. New discoveries in medical science have brought about new diagnostic and therapeutic measures; but these have been feasible chiefly through the concentration in hospitals of the expensive scientific equipment and highly specialized personnel which they require. Hospitals have thus become centres for organized and co-ordinated departments where preventive, diagnostic, therapeutic and rehabilitative services are available. These are progressive trends in the evolution of hospitals which are occurring today, every day in our very midst.

At present hospital patients are staying in the institution for shorter periods of time than was the case formerly, yet at the same time each individual patient is receiving much more intensified care than was the case even twenty years ago. It follows that hospital care today costs much more than it did formerly. Much of this increased cost has occurred in the past decade and to the average citizen the reasons for the increase are not apparent.

Even although as individuals we do not like changes there is evidence on every hand that great changes are on the horizon in the matter of financing hospital care in Canada. The trend is not new as it has been going on for some time but we being busy with everyday work may not have grasped its full significance at any given period in our recent past.

Of this we can be certain: the community is becoming more and more health conscious and notwithstanding the large number who are covered by Blue Cross there are large segments of the population who need hospital insurance and are not eligible either because they are indigent or for other reasons cannot budget their hospital care in advance.

Of recent months there has been much discussion of a national health insurance plan for Canada. Health insurance is not a new trend in Canada because Saskatchewan and British Columbia have had provincial hospital insurance for some time. The idea of a health plan for all Canada arose as a result of the depression years and is again being very actively explored. The results of the recent Dominion-Provincial Conference will not be fully apparent for a considerable time but the fact that provincial and federal governments are devoting earnest consideration to the problems involved is quite apparent.

C.S.L.T. Survey

HOSPITAL administrators and department heads are constantly in need of reliable statistics in order that they may assess accurately the performance of their departments and the hospital as a whole. Much of the bulk of these statistics originates within the hospital itself where comparisons are made from month to month and with previous periods. It is always of value, also, to compare one's own performance and methods with other centres.

Because the central office of the Canadian Society of Laboratory Technologists, an associate member of the Canadian Hospital Association, was asked frequently by hospital administrators and pathologists for information on working conditions of laboratory technologists throughout Canada, the executive of the society set up a committee in 1954 to gather pertinent information. This committee was under the chairmanship of Elizabeth Alexander, chief technician in the laboratory of the Calgary General Hospital. A questionnaire was sent to hospital administrators regarding holiday schedules for technicians and the results of this study are published on page 40 of this issue. By the publication of the results of this survey, the administrators and pathologists who supplied the information from their own hospitals will have an opportunity to learn the results of their efforts. We believe this will be of general interest to hospitals who wish to ascertain current practices throughout Canada with regard to laboratory technicians.

"Apathy must be dispelled"

K. C. Charron, M.D.,
Principal Medical Officer,
Civil Defence Health Services
Department of National Health and Welfare,
Ottawa.

I HAD an opportunity at your biennial meeting in 1953 of discussing hospital disaster plans with this Association and indicating the thinking at that time on this subject. You may recall that the need for hospital disaster plans to meet both peace-time and war emergencies, was stressed. Examples were given where train wrecks, fires, explosions, and earthquakes, have placed a heavy unexpected casualty load on local and regional hospital facilities. It was mentioned that flood and other natural disasters, while not creating a casualty problem, had forced the rapid evacuation of hospitals. These peace-time emergencies pale into insignificence when one considers the terrific potential of modern weapons to create destruction.

I have just returned from the Nevada atomic test site, where I witnessed the explosion of the most recent nuclear device. I can assure you that it was a most awesome spectacle which has to be seen to believed. Films and television reproductions frequently leave the viewers with a sense of unreality whereas the witnessing of an explosion drives home the hard fact that a future war would be one of survival. I would like to digress for two or three minutes and describe to you our experiences at this test atomic explosion.

Prior to shot day, which is the day on which the explosion was due to take place, the observer group was thoroughly briefed and was able to visit the test area. In the test area a model town had been built to determine the resistance of homes, industrial installations, and radio equipment, to an atomic explosion. The explosion itself was viewed from a hill called News Knob, which is about seven miles from the point of detonation. Shot time was just before daylight and in the case of this most recent explosion was at 5:05 a.m. At one minute before shot time, we were told to put on our heavy density goggles which leave you in a pitch-black world. The announcer then tolled off the seconds; shot minus 30, minus 15, minus 10, minus 5, 4, 3, 2, 1. We next witnessed the almost instantaneous development of the fire-ball of tremendous size which turned the pitch-blackness into a light which is brighter than daylight, even with dark glasses. This initial phenomenon occurred without sound, as far as the observer is concerned. After counting 1/1000, 2/1000, 3/1000, slowly we were allowed to take off the glasses to find everything very brightly illuminated. About 40 seconds after the detonation, a loud sharp bang occurred as the shock wave reached the observer site. This shock wave has the physical effect of thrusting the observer backward. A short time later, an eerie violet-coloured glow was observed. The familiar mushroom-shaped cloud soon materialized and rose to a height of 42,000 feet. Various colours developed in the cloud ranging from brown to pink. You might say that this creates a beautiful picture. However, all beauty was lost in the knowledge of the awful consequence which would result from such an explosion over a city.*

On the day following the explosion, we again visited the site and saw the devastation created by this atomic burst. While the detailed appraisal of the various projects will take many months, this preliminary survey brought home several important factors which will concern us in the medical field:

1. I was impressed with the hazard created by flying objects, particularly glass and other small moveable items. In one case, metal venetian blinds had been blown from a window in one room through a window in an adjacent room.

2. Although the test houses situated at 4,700 feet from the site showed charring of outside surfaces on walls facing the blast, no fires were produced at this distance. However, it must be appreciated that secondary fires would probably be caused by breaks in electrical fixtures and from other sources within the home. Reasonable coverage would protect individuals from this initial thermal effect.

3. It was very reassuring to note the extreme care exercised by the Atomic Energy Commission in ensuring that weather conditions and other factors at the time of the burst were such as to preclude any serious fallout on the neighbouring populations. The Commission established a level of 3.9 roentgens as the maximum amount of radioactivity to be deposited on any community in a year and it is to their credit that they have kept within this stringent limit.

4. Because of the delay in the shock wave, an individual would have several seconds at a point two miles from the burst to get under some sort of cover.

5. Certain types of shelters in the model homes stood up very well. These could have meant the difference between survival and death for individuals in that particular area.

The witnessing of such an explosion convinced all of us that we must press forward with our civil defence plans. There is no place for defeatism. Somehow, apathy must be dispelled.

At this time, I would like to pay tribute to the very great assistance which we in Civil Defence Health Services have received from the executive directors of your association: Doctors L. O. Bradley, A. L. Swanson and W. D. Piercey have acted as hospital consultants to the federal civil defence health services and have at all times given outstanding support to this pro-

Presented to Canadian Hospital Association Biennial meeting Ottawa, May, 1955.

**Note: We were told later that the explosion we had witnessed was equivalent to 35 kilotons of T.N.T. almost twice the yield of the nominal A Bomb.*

gram in Canada. This assistance has been with the consent of the board of directors which has gone on record as approving the development of hospital disaster plans for all hospitals in Canada. While we appreciate very much the great assistance we have received in the past, I hope that the balance of this paper will convince you that even greater assistance will be required from your association and its individual members in the future.

Institutes

Over two years ago, a hospital disaster planning kit with an accompanying pamphlet was developed and reproduced to assist hospitals in the completion of disaster plans. Both of these documents are still considered to be basically sound, but they failed to stimulate planning activity in our hospitals. After consultation with important members of the association, it was decided to organize a series of regional hospital disaster institutes to indoctrinate key hospital personnel. This type of approach was a *first* for Canada and as this was a pioneer effort the whole approach had to be developed without the benefit of the experience of others. The technique followed was to invite two host hospitals to present detailed disaster plans; one of the hospitals was a moderate or large hospital in an urban area and the other a smaller hospital in a support community. The institutes were attended by key hospital personnel, that is, the hospital administrator, the chief of the medical staff, and the nursing director. It was considered that this group would form the nucleus group for subsequent planning in the hospital concerned. After the host hospitals had presented their detailed plans, the meeting was continued by group discussions dealing with administrative, medical and nursing problems. The first institute was held in Victoria, B.C., and much of its success is due to George Masters, the administrator at the Royal Jubilee Hospital. Other institutes have been held at Halifax, N.S., Hamilton, Ont., and two in Montreal, P.Q., one of which was in the French language. Before the end of the year, it is expected that a further four or five institutes will be held in other cities in Canada.

When the series is completed, personnel from over 250 of the larger hospitals in Canada will have attended the institutes. The hospitals they represent contain about two-thirds of the active hospital beds in Canada and a large percentage are situated in strategic areas. It would be a comforting thought if one could say that each of the 250 hospitals would have completed disaster plans within the next few months. However, preliminary follow-up does not indicate that this will be so, as only a relatively small proportion of hospitals sending representatives to the institutes have indicated that they have actually completed disaster plans.

I am sure you will agree that unless some effort is made in the months immediately following the institute, it is unlikely that any action will be taken at a later date. It seems unfortunate that greater success cannot be claimed for an approach to a problem which has been acclaimed by most of those attending as providing the answer to the needs in this field. I would be interested in receiving your suggestions as to further steps that might be taken to ensure success in this area of hospital disaster planning.

It might be of interest to mention that hospital administrators in the hospitals acting as the hosts for the institutes, have, without exception, indicated that they gained considerable benefit from this detailed planning. They come to know the hospital much better, there is closer contact with staff members and they establish a closer working relationship with the community. While they do not suggest that it is any easy task to complete a good hospital disaster plan, they are convinced that it is an essential part of good hospital administration and that it pays excellent dividends.

Some of the points which have risen at the institutes may be of interest. The following are a few of the highlights:

Evacuation

Experience in Canada indicates that 70 per cent to 80 per cent of patients can be evacuated from the hospitals on a particular day. A considerable proportion of these could be sent home for care and the precise ratio depends on the type of hospital concerned.

Expansion

Most of our hospitals can expand to about twice the normal capacity by using corridors, classrooms, and other facilities available within the hospital itself. If there is an adjacent school or other suitable building, then this expansion can be further increased. However, over-expansion must be guarded against as space required for surgical and other life saving procedures must be in proportion to the total bed capacity.

Staffing

In urban areas with more than one hospital, some arrangement has to be worked out for the allocation of medical and nursing staff to each hospital. This is particularly important as related to medical personnel.

Reception

It was found that in some of our hospitals the reception of mass casualties presented a very difficult problem. Reception areas in some of the older hospitals have not been designed to provide for a free flow of vehicles, and mass casualty reception becomes a very difficult problem to solve. In one case it was suggested that a tent be added to the reception facilities, and in another it was decided that the driveway would have to be widened.

Triage of Casualties

At each institute it was emphasized that triage (screening) was very important and should be supervised by one of the most experienced surgeons on staff. Good triage will result in the most serious cases being dealt with at the optimum time, whereas poor triage will result in confusion with a low quality of casualty care.

Functional Areas for Treatment

It was emphasized by representatives of all of the hospitals participating in the studies that the hospital had to be set up on a functional basis if a large number of cases were to be handled. Uniform methods of treatment should be developed consistent with the types of supplies which are likely to be available.

Supplies

It was brought out at the institutes that most hospitals have supplies that would carry them for the first few hours but, in a large percentage of cases, it would then be necessary to provide additional stocks. The civil defence medical supplies program is being set up to meet such situations and considerable progress has been made towards the purchase and procurement of essential items. These supplies will be stored on a regional basis readily accessible to our critical areas. In addition, it was stressed that there were certain items required even in a major peace-time disaster which would not ordinarily be stocked by

hospitals in sufficient quantity. Strong recommendations were made for emergency medical supply cupboards to be located in hospitals which had completed disaster plans. From a civil defence point of view this matter is at present receiving policy consideration.

Need for Other Services

As hospital disaster plans are being completed, it becomes apparent that assistance is required insofar as transportation, communications, policing, welfare services and so forth are concerned. This type of planning brings them in contact with organizations in the community set up to co-ordinate such services and in most cases the hospitals turn to the civil defence organization to provide these ancillary services. It is stressed that a hospital is unable to function as an isolated unit and must be part of community planning. For large scale disasters, co-ordination would be required on a regional, provincial, national or even international basis.

Keeping the Plan Active

Hospital disaster plans soon become obsolete and techniques have to be worked out to keep them up-to-date and active. At each of the institutes it was emphasized that these plans should be reviewed on a regular basis at staff meetings. It was further suggested that the organization could be tested by means of exercises similar to fire-drills. It seemed to the various groups that an opportune time for this type of appraisal would be during the inspection of the emergency medical supplies. These and other suggestions indicated that with a reasonable amount of effort the plans could be kept active and operational.

This is the history of our hospital disaster institutes. We are on the verge of success and I am sure that with strong support from your association and help from individual members, it should be possible to ensure that a large percentage of our Canadian hospitals would be ready for major emergencies. This objective could be achieved within the next few months if there were a concerted effort to reach this goal.

Impact on Hospital Organization

This paper would be incomplete without describing some of the recent developments in civil defence planning which will have a very pronounced impact on hospital organization in this country. The development of the large thermo-nuclear weapon has made it necessary for us to take another look at our civil defence plans. These plans might now include the pre-attack evacuation from critical areas of priority classes during the period of strategic warning and the planned withdrawal of the remainder of the population from these critical situations after the warning of an impending attack. About one-fifth to one-quarter of the total population lives in critical areas. Of this total, over 40 per cent are included in the so-called priority classes. In other words, such an evacuation from critical areas of priority classes would mean the movement of about 1,500,000 persons.

It is evident, therefore, that the relocation of populations of this magnitude by itself will have a profound effect on normal health services. When you add to this the loss of facilities within these critical areas, such as hospitals, laboratories, and supply sources, it is apparent that emergency health services will have to be developed for reception areas. A considerable proportion of our best hospital facilities will be lost for an indefinite period of time. It will mean the evacuation of cases to reception communities—which will produce an increased case load for the smaller hospitals. For example, in Canada, the total number of acute hospital beds (excluding tuberculosis and mental institutions) is some 68,000 and of this total about 47,000 are situated in critical areas. Therefore, we may have to plan for at least a temporary loss of almost 70 per cent of our total available acute bed capacity.

Greater emphasis will have to be placed on the civil defence improvised-hospital program. A working party has visited Battle Creek, Michigan, to study the U.S. unit and to recommend a Canadian counterpart. The improvised hospital will have to serve as a unit which

(Concluded on page 72)

Shown here is the portrait of Dr. Malcolm T. MacEachern, which was unveiled at the annual banquet of the American College of Hospital Administrators this year. The portrait will hang in the headquarters' offices of the College.

A story of courage and tenacity —

New Hospital at Tofino, B.C.

ON MAY 11, 1952, shortly after nine o'clock in the morning, the Tofino Hospital was completely destroyed by fire, fortunately without loss of life. Some readers may recall the pictures, showing the hospital both before and after the fire, which appeared in the August 1952 issue of *The Canadian Hospital*. The brief story on the fire which accompanied the pictures, ended by stating that "three weeks after the fire plans were being made for a new 15-bed hospital of frame and stucco construction which will be one storey in height, with a penthouse for the matron". Two years and four months after the fire, a new 17-bed hospital was officially opened by the Honourable Eric Martin, Minister of Health and Welfare for the Province of British Columbia.

In the intervening period the people of Tofino and the surrounding area set an example of courage and tenacity of purpose that could not help but win the admiration of all with whom they came in contact in their planning for a new hospital. The immediate problem of the board of management and the community was to provide a temporary hospital where their patients could be housed and which could be kept in operation until funds could be raised and a new hospital built. Tofino being isolated except for access by boat or by air (the latter not always a reliable means of transportation, as I was personally to experience later) the residents had to rely on their own ingenuity to provide themselves with a temporary hospital. This was achieved by converting the nurses' home. The nurses were taken into the homes of the residents of Tofino. These kind people and those of Ucluelet generously provided bedding and other supplies to replace those lost in the fire. Additional space was provided for hospital accommodation by skidding up a shack alongside the building and jacking it up to the same floor level. A passageway was opened up between the shack and the hospital building. This small addition was utilized as a kitchen and dining room, which enabled the former kitchen to be converted to a utility room. A plywood compartment on the front porch of the old nurses' home provided a waiting room for the hospital. This work was actually undertaken by Dr. Petrim, the sole member of the medical staff. The successful use of this temporary accommodation for hospital purposes was only made possible by observing aseptic technique and taking the necessary precautions against the ever present danger of fire. One cannot say enough for the manner in which the nursing staff carried on under these very difficult working conditions. The hospital management was indeed fortunate in securing the

A. W. E. Pitkethley
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services of Mrs. M. Dickinson as matron of the hospital shortly after the temporary hospital had been put into operation, and she was able to participate actively in the planning of the new hospital.

Members of the board of management of the hospital, with a temporary hospital in operation, were then able to turn their attention to the planning of their new hospital and the difficult problem of raising funds to meet their share of the estimated cost of construction. In British Columbia, and I am sure in other parts of Canada, communities in isolated areas such as Tofino, which is located at the extreme end of Esowista Peninsula near the entrance to Clayoquot Sound on the west coast of Vancouver Island, seem to surmount challenges that larger communities would not attempt. (Incidently, Tofino was named by the Spaniards in honour of a famous Spanish admiral.) Tofino, with a population of 302 serving an over-all population of 2,786, had to raise, over and above insurance funds that they secured from the old building and generous provincial and federal grants, the sum of $42,000. There was no lack of offers of assistance, although some of it did not take the form of money. Personnel of the R.C.A.F. Station at Long Beach offered to clear up the wreckage of the old hospital. A new hospital site was donated. Bulldozing equipment was made available for site clearing, and the services of trucks were also donated free of charge. About 100 loggers and fishermen donated $100 apiece, and fishing companies, logging, and other industrial companies responded generously. The Indians of Ahousat, 15 miles to the north of Tofino, gave $2,500. This money was from the sale of timber rights and normally is divided evenly amongst each member of the band but by unanimous decision it was decided to give it to the hospital.

The architectural firm of Whittaker & Wagg, Victoria, were appointed to draw up the plans for the proposed new hospital. After representatives of this firm had made numerous trips to Tofino and had lengthy discussions with the board of mangement and officials of the B.C. Hospital Insurance Service, sketch plans and finally working drawings were prepared. The trustees of the hospital were then able to call for tenders. Plans included provision for 17 beds; a surgery suite and a separate obstetrical suite; an emergency treatment room; small x-ray and separate laboratory; central supply and sterilizing room; an administration area including matron's office, general office, doctor's office, and a public waiting lobby; a matron's suite in the basement, as well as kitchen, dining room, boiler room, laundry and storage areas. The nursing unit of 17 beds is made up of 11 medical and surgical beds in a 4-bed ward, three 2-bed wards, and an isolation room. There are six maternity beds in 2-bed rooms, with a nursery for 6 bassinets. The nursing unit is serviced by a nurses' station, a separate utility room, and a floor kitchen. It will be noted that, while I mentioned in the introduction that a penthouse was originally planned on the roof of the building for the matron, the final working drawings included a very excellent suite for her in the basement.

The Souther Construction Company of Port Alberni were the low tenderers, their price being $177,086. The isolated area of Tofino undoubtedly contributed to a higher cost than could

The Tofino General Hospital before it was destroyed by fire in May, 1952.

After it was burned to the ground.

have been obtained if the hospital had been built in some other area in the province. The hospital management, having received this tender and relating their financing to the over-all cost of the project, were faced with the problem of raising another $23,000 before the tender could be accepted. One of the conditions attached by the contractor to his bid was that the tender would have to be accepted within a period of thirty days. The provincial government had to be assured that the community's financing was adequate to meet its share of the cost before they could assure the hospital management that grant funds from the province would be available. This meant that the hospital had less than thirty days to find this sum of money. Despite efforts to raise additional funds by various means, the final day of grace arrived to accept the tender and still they required over $20,000. It was at this time that the hospital board asked the bank manager at Port Alberni to go to Tofino, where a public meeting was called and the financial situation explained. At this meeting the bank manager, accepted signatures for notes totalling $23,500. These notes were secured by the residents using their houses and, in some cases, fishing boats as collateral. At the time of writing it is interesting to note that these loans have all been repaid. Since the inception of hospital insurance we have not previously experienced such an example of self-sacrifice on the part of a group of residents in any area. This wonderful gesture on the part of these people resulted in the tender being awarded and construction getting under way on April 18, 1953. The construction of the building was delayed somewhat by the inaccessibility of Tofino which, in some cases, held up the arrival of materials and made skilled personnel difficult to obtain.

The building was finally completed and was officially opened on August 12, 1954, by the Hon. Eric Martin. Mrs. Martin, Donald M. Cox, the Commissioner of B.C.H.I.S., Major Nicholson, and the writer were privileged to accompany the Minister to Tofino by air to attend the official opening. I mentioned in the first part of this story that air travel was not always a reliable means of travelling to this point. Our party took off from Patricia Bay by plane and, while not experiencing ideal weather, the flying conditions were good at that point. However, once we were over Port Alberni, approximately 50 miles by air from Tofino, it was quite evident that the whole coastal region was blanketed in a very heavy fog. The pilot, who was familiar with the area, dropped down to an elevation where he could see the road, which runs in practically a straight line between Ucluelet and Tofino. We followed this road for quite a distance, but eventually we lost it completely due to the density of the fog. Major Nicholson, a former resident of the area and an authority on the West Coast of Vancouver Island, was keenly interested in every inlet and lake that we passed over and could name almost all of them. We were more or less resigned to the fact that we would have to return

The nurses' home, which was used as a temporary hospital while the new one was being built.

A view, from the rear, of the new 17-bed Tofino Hospital.

The Indians of Ahousat are pictured here donating $2,500 to the hospital fund.

to our point of origin, due to the heavy overcast. However, Major Nicholson caught a glimpse through the clouds of a small bay with a jetty which he recognized as the wharf used by the Air Force to service the air strip at Long Beach which serves Tofino. Pilot Gilbert pitched the plane into a very steep bank and swooped down below the overcast and swung out to sea, so that he could approach the end of the air strip at practically tree top level. We then swung back and dropped onto the air strip where we were met by a delegation from the Tofino board of management, Mr. Gibson and Mr. Knott. We had to apologize for delaying the time of the official opening. However, the full program went off very successfully and a large number of people were taken through the hospital. An official opening of this kind, of course, gave the ladies' auxiliary an opportunity to exhibit a wonderful display of their culinary prowess. They had provided an appetizing array of home-cooking ranging from sandwiches made of home-made bread to fancy cakes which our city's best bakeries could not surpass in quality. I can vouch for the fact that our official party made large inroads on this wonderful fare. A good many Indians from the reserve at Ahousat were also present at the opening. Major Nicholson, who acted as master of ceremonies, called upon one of the older members of the Indian reserve, who made some very appropriate remarks. He mentioned that, if white men and Indians could live together in Canada and enjoy such good relations, it was unfortunate that the rest of the world could not do the same, and ended by saying that the Indians, the only true Canadians, welcomed "the white foreigners here today" at the opening of the new Tofino Hospital.

Weather conditions again influenced our departure. We got a hurried call from the Air Force Station that a bank of fog was moving in, so that we had to depart quickly for the air strip much against our wishes, as the hospitality of these people has to be experienced to be appreciated. We did, however, have time to drive for a short distance on Vancouver Island's famous Long Beach, which is a section of the west coast of the island close to Tofino and which, at one time, was considered by the late Sir Malcolm Campbell as a possible site for an attempt to establish a new world record for racing cars. We arrived at the air strip just in time to take off and, as we slowly gained altitude, we watched the bank of fog gradually roll over the coastline. One could not help but feel that for this particular occasion the weather had compromised with itself to enable the people of Tofino to have their day and carry out their carefully planned opening ceremonies.

Pictured here is a part of the wooded area which had to be cleared for the hospital site.

Report of C.S.L.T. Survey

Holiday Schedules

Elizabeth Alexander
Calgary General Hospital,
Calgary, Alberta.

THE central office of the Canadian Society of Laboratory Technologists is constantly being asked by hospital administrators and pathologists for information on working conditions of laboratory technicians. The questions they ask are often local and frequently changing in nature. The executive of the Canadian Society of Laboratory Technologists met in Edmonton in June, 1953, to discuss a project whereby current and accurate data could be obtained. At the same time, it was decided to give the members at large an opportunity to participate in convention activities by holding panel discussions on problems which come up through inquiries made to the central office. A committee was set up under the chairmanship of Elizabeth Alexander of Calgary, to introduce the discussions at the convention in Saint John, N.B. in June, 1954, and to use as a topic "Holiday Schedules".

To gather the material for the panel discussion, questionnaires pertaining to holiday schedules were sent to the administrators of 500 hospitals in Canada. All hospitals with 25 general beds or more were included in the study. A return of 71 per cent of the questionnaires was most gratifying, especially since the majority of the remaining 29 per cent were hospitals under 50 beds where it is often impossible to employ a technician.

In the spring of 1954, along with other convention literature sent out to all members of the society, a letter was enclosed concerning the panel discussion. By returning the form at the bottom of the letter the members could indicate their desire to participate. Fifteen members were chosen from across the country to take part in the panel. This group met on the Sunday evening before the convention. Results of the questionnaire, which had been compiled and mimeographed, were distributed and a brief history of the project was reviewed by the committee chairman. The group was then broken up with leaders to channel the discussion of a given group of questions and answers. The group leaders then presented their conclusions when the whole group reassembled.

From these discussions came several recommendations to the National Executive, one of which was to have the results published where they could be readily available to the administrators and pathologists in recognition of their support to the project, as well as providing a suitable place to have the results recorded.

Results

1. Of the laboratories reporting, 99 per cent maintain services throughout the summer months. Eighteen per cent find it necessary to reduce the scope of laboratory services during the summer months, whereas 81 per cent find it possible to carry on either by rotation of holidays, engaging temporary help, or a combination of both.

2. Only two per cent of the hospitals allow less than two weeks paid holidays per annum and 30 per cent allow 18 days and under. Seventy per cent of the hospitals allow 21 days and over, four per cent of which offer the maximum of 31 days.

3. Most of the hospitals (80 per cent) do not increase the annual holidays with the length of service. Although only 20 per cent of the hospitals increase the holiday schedule with years of service, it is felt that since 70 per cent of the technicians receive three weeks or more this would be considered the maximum in most instances. (The Society recommends three weeks as a minimum holiday period.)

4. Leave of absence without pay was granted by 82 per cent of the hospitals. Of these, 50 per cent would allow one month or more to permanent employees. Reasons for leave of absence vary little and the majority will allow leave for illness, compassionate leaves, for travel, for further training or for other special circumtances that are approved by the minister of health in government institutions, the administrator, or the hospital board.

5. Although 71 per cent allow holidays within the first year of employment, 65 per cent allow them after six months employment on a pro-rata basis.

6. One third of the hospitals do not allow leave of absence during the first year of employment except for reasons of a serious nature. Of the remaining hospitals who do allow leave, it is only under very extenuating circumstances. Since 29 per cent of the hospitals do not allow holidays within the first year of employment and of these 34 per cent do not allow leave of absence, this means that approximately ten per cent do not allow either holidays or leave of absence within the first year of employment.

7. Annual holidays are granted to student technicians by 94 per cent of the hospitals, three per cent grant neither holidays nor leave of absence. The length of the holiday period for student technicians is slightly lower than for staff technicians, 61 per cent falling in the 18 days and under group.

8. Time off is granted to 87 per cent of the technicians required to work on statutory holidays. Of these, five per cent stated they offered either time off or extra pay. Of the 13 per cent who granted extra pay, the rates varied from straight time to two and one-half times regular pay, with the majority granting time and one-half.

9. Eight or more statutory holidays are granted by 84 per cent of the hospitals.

10. It was difficult to establish a definite comparison of the annual holidays between nurses, physiotherapists, and x-ray technicians. It was found that 74 per cent of the nurses, 83 per cent of the physiotherapists, and 69 per cent of the x-ray technicians received the same holiday period. That is, approximately 74 per cent of the group as a whole receive the same holiday period.

11. Under Question 11, several questions were asked of a local and even personal nature and the committee chairman will endeavour either to answer these questions or refer them to Miss Kemp, the Executive Secretary of the Society, for individual consideration.

The Committee Chairman would like to take this opportunity to thank the many hospital administrators, sister superiors, matrons, and pathologists who completed and returned the questionnaires. From their tremendous response, much valuable information has been gathered and compiled. ●

B.C. Hospitals' Association

Annual meeting draws record crowd

W. Douglas Piercey, M.D.

FOR HOSPITAL folk of British Columbia over Thankgiving weekend, all roads led to the Hotel Vancouver. From isolated areas in the north, from the interior of the large province, from Vancouver Island, from coastal areas of the mainland, and from the metropolitan area of the city of Vancouver, delegates assembled for their annual hospital convention. They came in numbers somewhat larger than usual, spurred on by a desire to hold frank discussions on their many local problems; and especially hoping that, as an association, they could find a solution to one paramount issue—the difficult financial position they were facing as a result of their government's order last summer that hospitals must hold the line on increasing costs.

Registration continued at a busy pace during the forenoon on Tuesday, but this did not prevent the opening session from starting promptly at 9:30 a.m. Tuesday and Wednesday, October 11th and 12th, were devoted to pre-convention lectures and discussions, with the annual business meeting of the Association following on Thursday and Friday.

The opening session on Tuesday morning was well attended. Following greetings to the delegates on behalf of the Association by the president, H. E. Taylor of Port Alberni, and a few announcements by the secretary, Percy Ward, the session began under the chairmanship of H. Baxendale of Burnaby.

Dr. J. C. Colbeck, pathologist at Shaughnessy Veterans Hospital, gave an informative and provocative paper on "Staphylococcal Infections in Hospitals". Dr. Colbeck made certain forthright statements which caused his audience to do some serious thinking on a timely subject which has not received the over-all publicity which it merits. One statement, that hospital design had not improved in recent years, led to a private discussion after the session between the speaker and Gordon Hughes of the Hospital Design Division, Department of National Health and Welfare. Just who convinced who was not ascertained! A statement that students in formal courses in hospital administration were taught nothing of the seriousness of hospital infections made this writer wonder whether his students in the diploma course in hospital administration really studied their lectures in medical science orientation; and whether our curriculum for the students in the extension course in hospital organization and management did not require immediate amendment. Apart from these points, the writer could agree completely with Dr. Colbeck, and his paper deserves much wider publicity than is possible from one meeting. We hope we will be given the opportunity of publishing the paper in full in a forthcoming issue of *The Canadian Hospital.*

The program for much of the remainder of Tuesday's session was provided by various speakers representing the British Columbia Hospital Insurance Service. A. W. E. Pitkethley

Attending the convention were, left to right: Walter Thomas, administrator, War Memorial Hospital, Williams Lake, B.C.; Sister M. Agatha, superior, Lourdes Hospital, Campbell River; Mrs. E. Braund, assistant director of nursing, Prince George and District Hospital, Prince George; and Roy Thompson, administrator, of the same hospital.

addressed the delegates on the subject, "The Hospital Construction Program". The speaker outlined the various areas in the province where new hospitals were being considered by community groups, those hospitals which were planning additional beds to existing hospitals, and those contemplating additions to ancillary services, such as nurses' residences. Because of the large number of projects currently planned, some priority would likely have to be established because sufficient funds are not currently available to meet all the demands for expansion. Mr. Pitkethley outlined the steps which were essential for a hospital to follow in seeking governmental approval of a construction program.

P. B. Blewitt spoke on "Planning and Controlling Staff Numbers and Personnel Costs". His remarks stressed the importance of a carefully prepared budget as an administrative control. The preparation of the budget called for close team work between the department head, the accountant, and the administrator, he said. After the budget was approved, the speaker continued, it provided a means of control of operation only if it was reviewed periodically and performance studied in the light of the budget.

W. J. Lyle addressed the gathering on "Hospital Finance". The speaker reviewed the cost of operating hospitals in British Columbia since the inception of the Hospital Insurance Service.

In a jovial mood are, left to right: J. A. Abrahamson, chairman of the board of the Queen Victoria Hospital, Revelstoke, and president of the B.C. Hospitals' Association; J. H. Hargrave, trustee, Trail-Tadanac Hospital, Trail; and Harvey E. Taylor, Port Alberni, retiring president of the B.C. Hospitals' Association.

Harry Baxendale, left, administrator, Burnaby General Hospital, Burnaby, chats with James Mainguy and Mrs. G. E. Whelen, both of the British Columbia Hospital Insurance Service, Victoria.

The Tuesday afternoon session was under the chairmanship of J. A. Abrahamson, vice-president of the association. Following the presentation of two papers by two members of the B.C.H.I.S., Mrs. E. McFadden on "Hospital Records in British Columbia" and Mrs. G. E. Whelen on "The Significance of Hospital Morbidity Records", a round table discussion was held, with D. M. Cox acting as moderator and his B.C.H.I.S. officials acting as the panel. The panel answered questions which delegates had dropped in the question box in advance or posed from the floor. As an introduction to the general discussion, Mr. Cox asked that questions be limited to administrative rather than policy matters; but, notwithstanding, some trustees in the audience had policy matters very much on their minds and had their say in any event. Mr. Cox, by his general approach, and by the frankness of his assistants, was able to convince the delegates that policy was a topic beyond the jurisdiction of the Hospital Insurance Service and properly belonged at cabinet level.

Following the panel discussion, the delegates turned their attention to the consideration of suggestions forwarded to the Association secretary on the over-all subject of hospital costs and ways of improving the B.C. hospital insurance plan. When the session adjourned at 5:30 p.m., the delegates had by no means exhausted the topics and, although they may have been feeling a bit tired after a heavy day, I think the majority would agree with the writer that it had been an interesting and profitable one. Certainly, I saw no one dozing at any time during the morning or afternoon sessions.

Tuesday evening the administrators' division met to discuss matters of mutual concern. Consideration was given also to several resolutions.

The Wednesday morning session, under the chairmanship of L. F. C. Kirby, commenced with a motion picture "Within These Doors". The film portrayed the importance of an up-to-date laundry department in the over-all functioning of the general hospital today. It also stressed the saving in operational costs which is made possible by the installation of automatic equipment.

Prof. E. D. McPhee of the school of Commerce of the University of British Columbia addressed the delegates on "How Do You Manage Your Hos-

pital?" He stated that in administration one managed people. It was a matter of getting people to do a better job. Prof. McPhee quoted Exodus 18: verses 25 and 26, as an early example of sound management, "and Moses chose able men out of all Israel, and made them heads over all the people, rulers of thousands, rulers of hundreds, rulers of fifties and rulers of tens—and the hard causes they brought unto Moses." The speaker then asked his audience what they as administrators were doing about the job of dividing people in their hospitals, what jobs they had chosen for themselves and what ones they had assigned to others, and whether the staff knew what this division of work was. The division of work and its allocation was the first essential and the delegation of authority next. Too often there was the tendency to pretend one was delegating authority. Prof. McPhee emphasized that it was most essential that there be one boss, and only one boss, for every person and that every employee knows who that boss is. In administration it is well known that it is easier to supervise more people at a junior than a senior level. As one advances upward in the administrative scale the number of people supervised should decrease.

An interesting panel discussion on administrative problems took place under J. A. Abrahamson as moderator. Members of the panel were Sister Mary Ruth and Messrs. H. Baxendale, H. Slade and A. Lightfoot. Among the items discussed were control of visitors, medical records, medical staffs in small hospitals and education of hospital personnel.

The president of the association, Harvey Taylor, acted as chairman of the afternoon session and two panels participated. The first was under the moderatorship of Gordon Hughes, chief of the hospital design division of the Department of National Health and Welfare, and consisted of Messrs. Fred Townley and Peter Thornton, architects; Sister Mary Ruth, Superior and Administrator, St. Vincent's Hospital, Vancouver; and Helen King, Reg.N., Director of Nursing of the Vancouver General Hospital. Following a discussion of dust in hospitals, it was pointed out regretfully that, notwithstanding modern trends in construction and mechanical equipment, dust is still with us. Mr. Townley stated that hospitals of up to 75 beds did not need a basement unless the topography of the site made it necessary. Miss King outlined in considerable detail her ideas as to what a nursing unit should contain. Nurses were not consulted frequently enough when plans were being prepared for new nursing units, she said, and too often there was not sufficient space provided for ward equipment. Miss King contended that no head nurse should supervise more than 30 beds and the nursing station should be in the middle of the unit. She emphasized that built-in dressers and lockers for clothes are of invaluable assistance in nursing. In a new unit under construction at the Vancouver General Hospital they are installing modern-fold doors as an experiment. The only sure way to protect walls and equipment, she said, was to have rubber bumpers on everything that moves. A separate medicine room, a small private office for the head nurse, and a clinical room for teaching, are all

Left to right: Sister M. Jeanette and Sister Louise, both of St. Joseph's Hospital, Comox, are pictured in conversation with Dr. J. Gilbert Turner, Montreal, president, Canadian Hospital Association, and Dr. W. Douglas Piercey, executive director of the Association.

Shown in this group are, left to right: J. H. Torrence, Campbell River: Harold Dale, administrator, Nanaimo Hospital, Nanaimo; M. P. Scurr, trustee, Nanaimo Hospital; Arthur S. Lightfoot, administrator, Campbell River and District General Hospital, Campbell River; Dr. John De Pew, Campbell River; and Jim Trebett, chairman of the board, West Coast General Hospital, Port Alberni.

Harvey E. Taylor, left, Port Alberni, examines the certificate awarded to Miss E. Nordland, right, of B.C.H.I.S., Victoria, upon successful completion of the Canadian Hospital Association extension course in hospital organization and management.

very essential and it is becoming necessary today to have rooms for up-patients. A room for the seriously ill patient should be provided near the nurses station and it should be available for this purpose. To ensure this no bed should be placed in the area until the seriously ill patient is moved there, the speaker said. Adequate locker space on each unit for the nursing staff is most essential but frequently overlooked by planners. A lounge for visitors and a retiring room for those distressed are a basic part of the ward unit also.

The panel discussed, also, the double corridor versus the single corridor plan. It was brought out in discussion that those responsible for planning must assure themselves that they had a good plan—any plan will work if it is a good plan, said Mr. Hughes, but maintenance costs must be considered as well as the initial construction costs.

For the first time in the history of the British Columbia Hospitals' Association a panel for trustees, by trustees, was presented. The panel was under the moderatorship of Dr. W. Douglas Piercey, Executive Director of the Canadian Hospital Association. Mrs. G. C. Chandler, chairman of the trustees division of the association and chairman of the Board of Children's Hospital, Vancouver, spoke regarding "My Concept of a Good Trustee". George Hardy, chairman of the board of the Burnaby General Hospital, and one who was associated with the hospital through the planning and construction stage, related from his personal experience how he had increased his knowledge of hospitals. J. H. Hargrove, chairman of the board of Trail-Tadanac Hospital, gave his impressions of a trustee's responsibility regarding patient care; and Gerry Thompson, secretary-treasurer of the board of Kimberley Hospital, was assigned the topic of "Good Trustee-Administrator Relationships Are Essential". These four papers will be published later in *The Canadian Hospital*. Dr. A. J. Brunett, medical administrator of St. Joseph's Hospital, Victoria, drew from his experience as a former surveyor of the American College of Surgeons to round out discussion from the floor.

On Wednesday evening over sixty trustees assembled in closed session to discuss immediate problems concerning the financing of hospitals. This was a very active meeting with lively discussion. Many points of view were presented and several resolutions were framed for presentation to a subsequent general session of the convention.

Convention Proper

The official opening of the convention took place Thursday morning with Harvey E. Taylor in the chair. Following invocation by the Very Rev. Northcote Burke of Christ Church Cathedral, Vancouver, Alderman George C. Millar brought greetings from the city. The Hon. Eric Martin, Minister of Health and Welfare, in a forthright address reviewed the government's policy and progress with hospital insurance since the association's last convention. The minister reiterated the government's policy of holding the line on present hospital costs in British Columbia. The minister drew the largest audience during the convention and, while he offered no easy solution to the problem of rising hospital costs, his willingness to discuss the over-all question in a very frank manner left the delegates in no doubt as to the government's position. As further evidence of the minister's willingness to listen to the hospitals' viewpoint was a question and answer period held Thurday evening when individual trustees and administrators were given the opportunity of discussing their points of view with him. While this did not settle the issue, it did much to clear the air.

Dr. J. Gilbert Turner, president of the Canadian Hospital Association, brought official greetings from that association, as did Dr. W. E. Boak on behalf of the British Columbia division of the Canadian Medical Association. The latter speaker also outlined the medical association's position with regard to present government policy on hospital insurance. Following the president's report and the treasurer's report by Percy Ward, a report on standardized hospital accounting was presented by Harry Dale.

Just prior to the mid-morning recess, Judge A. H. J. Swencisky, immediate past president of the British Columbia Hospitals' Association, presented Mr. and Mrs. Percy Ward with a silver tray and tea service in commemoration of their golden wedding anniversary and as a token of the high regard in which Mr. Ward is held by the association's hospitals. Mr. Ward was also the recipient of the George Findlay Stephens Memorial Award at the biennial meeting of the Canadian Hospital Association in May, 1955 (see *The Canadian Hospital*, April, page 39.). At the sixteenth annual meeting of the Catholic Hospital Conference of British Columbia he also received a citation (see this issue, page 56).

During Thursday afternoon's session the division report of the Women's Auxiliary was presented by Mrs. Forbes Perkins, president. The annual meeting of the auxiliaries was held at the Hotel Vancouver concurrently with the hospital convention. Mrs. Perkins reported 105 delegates in

(Concluded on page 82)

Annual Meeting:

Catholic Hospital Conference of Alberta

MEMBERS of the Catholic Hospital Conference of Alberta gathered in the Chapel of Holy Cross Hospital, Calgary, Alta., to assist at the Holy Sacrifice of the Mass offered by the Most Reverend Francis Carroll, Bishop of Calgary, September 14 at 7:45 a.m., after which a sermon was delivered by His Grace to all the delegates. Text of the sermon was "You shall be witnesses unto Me . . . to the uttermost parts of the earth". His Grace emphasized to the delegates that the Divine Physician had "no hands but ours" to minister to the sick and helpless.

Immediately after Mass, Sister delegates were taken by bus to the Natural Gas Auditorium, where the opening session of the convention was held. Prayers were said by Rev. Father Francis McKay, followed by the National Anthem. Greetings were brought by co-adjutor, Archbishop Anthony Jordan on behalf of His Grace, Most Reverend J. H. MacDonald, Archbishop of Edmonton.

Victor Pryce, vice-president of the Associated Hospitals of Alberta, greeted the delegates on behalf of that association. He acknowledged the support received from the Sisters in all the activities of the association and offered his sincere wishes for a successful convention.

The business section of the meeting followed, presided over by the vice-president, Sister M. Loyola, in the absence of the president, Sister B. Bezaire. This included reports by the secretary treasurer, Sister Marie Paule Rheault, Edmonton General Hospital; for the committee on nursing by Sister Rodolphe, Misericordia Hospital, Edmonton; and the committee on constitutions, Sister Beatrice, General Hospital, Lethbridge. The president's report was presented by the vice-president, Sister M. Loyola.

Bishop's representative Reverend Father Francis McKay gave a brief report of the Catholic Hospital Association of Canada convention in Ottawa, May 1955. Victor Pryce, the Conference's public relations officer, presented his report including a comprehensive discourse on depreciation. He strongly urged the executive of the Conference to take immediate steps to see that proper presentations are made by all hospitals so that uniform agreements in respect to capital depreciation may be achieved.

In an inspiring address the Most Reverend Philippe Lussier, C.Ss.R., Bishop of St. Paul, analyzed in detail the Conference's motto "Caritas Christi Urget Nos". "Charity is the link that must unite us to God, unite God to man and men among themselves", he said.

A panel discussion on "Hospital Personnel" followed, under the chairmanship of Sister Mary Geralda, Camrose. Topics presented were: selection of personnel by Sister John Marie, Westlock; personnel policies, Sister Frances Cabrini, Edmonton; organization chart with lines of authority defined, Sister M. Beatrice, Lethbridge; job analysis, Sister M. Agnes Knievel, Vegreville; inter-departmental relationships, Sister Mary Zenaide, Lac la Biche; communications within one department, Sister Y. Bezaire, Calgary; communication of our ideal to co-workers, Sister Aucherie, Trochu; and personnel policies and church doctrine, Reverend P. O'Byrne. Following this presentation a workshop was organized and each group dealt with a topic in the form of a prepared questionnaire. Reports from the groups were presented, bringing forth considerable discussion from the assembly. The responsibilities of management and the duties and rights of employees were defined.

On the second day of the meeting, a discussion on nursing problems was presented by Sister Rodolphe, director of nurses, Misericordia Hospital, Edmonton. She pointed out the need for faculty members and of ways and means of promoting potential leaders in the field of nursing education. An address "Apostolate in our Catholic Hospitals", was given by Most Reverend Henri Routhier, O.M.I., Bishop of Grouard.

"Aspects of employer-employee relationships within hospitals", was presented by E. E. Petersen, manager of Milk Union Co., Calgary. "We cannot live today without the assistance of many people", he stated. Therefore we need leadership a great deal more than we used to need it. A leader will know where he is going and how to get there. A good leader has to assume good will on the part of the other person. Among the things which employees consider important are: job security, opportunity for advancement and training; medical treatment; pride in company and association; wages; and hours of work.

In our dealings we must keep in

(Concluded on page 100)

A section of the assembly at the 21st annual convocation ceremony of the American College of Hospital Administrators. Standing in the foreground are the new fellows, just prior to taking their fellowship pledge. Seated to the rear are the group to be advanced to membership. New nominees are seated to the right.

Five new regents of the A.C.H.A. are pictured here. Left to right: Clyde L. Sibley, Birmingham, Alabama; Tol Terrell, San Angelo, Texas; Harold T. Prentzel, Norristown, Penn.; Dr. A. C. McGugan, Edmonton, Alta.; and Ray E. Brown, Chicago, Ill.

Arthur J. Swanson, superintendent, Toronto Western Hospital, Toronto, left, chosen president-elect of the American College of Hospital Administrators, congratulates J. Dewey Lutes, in-coming president, while Lee S. Lanpher, centre, vice-president, looks on.

Canadians prominent at

A.C.H.A. Convocation

THE 21st annual meeting and convocation of the American College of Hospital Administrators took place in Atlantic City, N.J., September 18th and 19th.

At the impressive convocation ceremony held in the huge ballroom of the convention hall, 76 members took the pledge of fellowship, 233 nominees were advanced to membership, and 300 new nominees were received into the College. Each group included its quota of Canadians. Certificates were conferred by Dr. A. C. Kerlikowske, president of the College, while J. Dewey Lutes led the candidates in the recitation of their pledges. Five honorary fellowships were conferred for outstanding contributions to the field of hospital administration. The recipients of the honorary fellowships were as follows: Robert Cutler, special assistant to the president of the United States of America and president and trustee of Peter Bent Brigham Hospital, Boston, Massachusetts; Leland Ira Doan, president The Dow Chemical Company, Midland, Michigan; Dr. Emory W. Morris, president and general director, W. K. Kellogg Foundation, Battle Creek, Michigan; Basil O'Connor, president, The National Foundation for Infantile Paralysis, Inc., New York, N.Y.; and Marshall Ivey Pickens, director, The Duke Endownment, Charlotte, N.C.

The Arthur C. Bachmeyer memorial address featured the general educational session of the College. The address was presented by Dr. Robert M. Hutchins, president of the Fund for the Republic, Inc., formerly chancellor and president of the University of Chicago and dean of the law school at Yale University.

Drawing on his 33 years experience in the administration of non-profit organizations, Dr. Hutchins spoke on "The Administrator". He suggested that the administrator needed moral virtues and a vision of the goal, coupled with courage, fortitude, justice and prudence or practical wisdom. To these, Dr. Hutchins added what was for him a new quality, patience. He suggested that the exercise of patience might reduce the number of one's accomplishments but, in the long run, would make those things that were accomplished more durable and lasting.

The speaker at the annual banquet of the College was Dr. Frederick L. Schuman, author, broadcaster and journalist, who currently holds the Woodrow Wilson Professorship of Government at Williams College, Williamstown, Mass. Dr. Schuman presented an optimistic outlook for world peace in speaking on the subject of "World politics today and tomorrow".

The presence of Dr. Malcolm T. MacEachern, displaying his customary energy and enthusiasm, in spite of his recent illness, was hailed by the College membership. Dr. MacEachern was presented with a large bale of individual letters from thousands of his friends in the College. Regent Arthur J. Swanson of Toronto read a citation eulogizing "Dr. Mac", the man, and unveiled a large portrait of Dr. MacEachern which will occupy an honoured place in the College head offices.

At the annual business meeting of the College, the membership approved routine changes in the constitution and by-laws, voted to increase annual dues for all classes of membership to $50, and deferred for two years the suggested rearrangement and increase in the number of regions.

J. Dewey Lutes, administrator of Woonsocket Hospital, Woonsocket, R.I., was installed as president of the College for the coming year. Arthur J. Swanson, superintendent, Toronto Western Hospital, was elected presi-

Sister Paul of the Cross,
Antigonish, N.S.

L. O. Bradley, M.D.,
Calgary, Alta.

Sister Marguerite Mann,
Montreal, P.Q.

New Members . . .

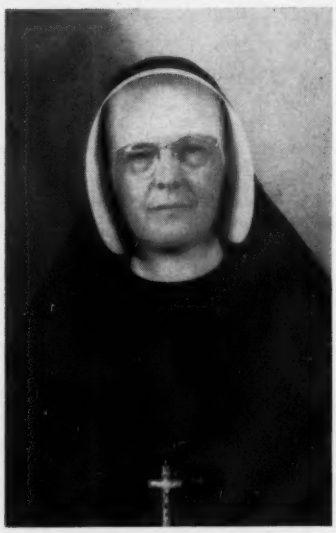
Charles E. Barton,
Regina, Sask.

Sister Mary James,
Prince Albert, Sask.

J. J. Laurier, M.D.,
Montreal, P.Q.

Jack L. Bateman,
Stratford, Ont.

Sister Corinne Kerr,
Vallée Lourdes, N.B.



Sister Mary of the Trinity,
Antigonish, N.S.

Hugh P. J. Gunn,
Vancouver, B.C.

Gerald LaSalle, M.D.,
Montreal, P.Q.

Lawrence T. Muirhead,
Saskatoon, Sask.

New Members . . .

Brock H. Payne,
Brantford, Ont.

Sister Ste. Agathe de Jésus,
Levis, P.Q.

Edwin V. Wahn,
Saskatoon, Sask.

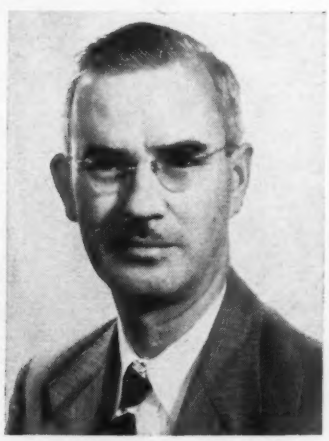
Eugene W. Thibault, M.D.,
Verdun, P.Q.

A. J. Thomson,
Toronto, Ont.

Richard J. Pearce,
Chatham, Ont.

Among the nominees . . .

Sister Rachel Tourigny,
Montreal, P.Q.



Charles J. Macdonald, M.D.,
Halifax, N.S.

Henry S. Doyle, M.D.,
Toronto, Ont.

Nominees . . .

Eugene F. Bourassa,
Regina, Sask.

Omer H. Clusiau,
Calgary, Alta.

Lawrence E. Ranta, M.D.,
Vancouver, B.C.

Sister Columkille,
North Battleford, Sask.

Gaspard L. Massue,
Montreal, P.Q.

Lucien Lacoste,
Montreal, P.Q.

Carl R. Trask, M.D.,
Saint John, N.B.

(Continued from page 47)

dent-elect. Mr. Swanson is a charter fellow of the College and regent for Region No. 14. He is the executive secretary-treasurer of the Ontario Hospital Association, and is a past president and presently a member of the board of directors of the Canadian Hospital Association. He was the recipient of the George Findlay Stephens Memorial Award in 1954.

Lee S. Lanpher, administrator of Lutheran Hospital, Cleveland, Ohio, was elected first vice-president of the College, and Sister Mary Annunciata, administrator of St. Mary's Hospital, Knoxville, Tennessee, was elected second vice-president.

Elected by the membership in their respective regions, five regents were installed for three-year terms of office, as follows: Harold T. Prentzel, administrator, Montgomery Hospital, Norristown, Pennsylvania; Clyde L. Sibley, administrator, Birmingham Baptist Hospital, Birmingham, Alabama; A. C. McGugan, M.D., superintendent, University of Alberta Hospital, Edmonton, Alberta; Ray E. Brown, superintendent, University of Chicago Clinics, Chicago, Illinois; and Tol Terrell, administrator, Shannon West Texas Memorial Hospital, San Angelo, Texas.

Canadians Honoured

Among those advanced in or admitted to the American College of Hos-

(Concluded on page 98)

Ten organizations meet conjointly at

Manitoba Hospital and Nursing Conference

W. Douglas Piercey, M.D.

THE FOURTH annual Manitoba Hospital and Nursing Conference rolled into high gear promptly at 9:00 a.m. Tuesday, October 18th, 1955. Actually the three-day convention consisted of general sessions and sectional meetings of ten separate organizations—the Associated Hospitals of Manitoba, Manitoba Association of Registered Nurses, Manitoba Public Health Association, Manitoba Women's Auxiliaries Association, Manitoba Association of Medical Record Librarians, Manitoba Association of Licensed Practical Nurses, the provincial division of the Canadian Society of Radiological Technicians, the Manitoba Dietetic Association, and the Manitoba branches of the Canadian Society of Laboratory Technologists and the Canadian Society of Hospital Pharmacists.

From the outset the staff at the registration desk were kept busy. An excellent program had been prepared under the direction of a joint planning committee consisting of one representative from each of the ten organizations. J. E. Robinson, administrator of the Children's Hospital, Winnipeg, was general chairman and R. G. Goodman, C.A., was general secretary for the conference.

The conference was officially opened by G. L. Pickering, comptroller of St. Boniface Hospital and president of the Associated Hospitals of Manitoba. Following the National Anthem, the invocation was delivered by Rev. J. Burton Thomas of Winnipeg. The Honourable R. W. Bend, Minister of Health and Public Welfare, brought greetings from the province of Manitoba, and Mayor George Sharpe conveyed best wishes from the city of Winnipeg. Greetings from the Canadian Hospital Association were presented by Dr. W. Douglas Piercey, executive director, and J. E. Robinson, general chairman of the conference, reviewed the program for the benefit of the delegates.

Following a half-hour recess, during which delegates had an opportunity to visit the exhibits, Murray Ross, assistant director, Canadian Hospital Association, acted as moderator of a panel with the catching title "What's New?" Members of the panel were B. E. Dartnell, regional sales supervisor, Stevens and Son, Winnipeg; H. Gordon Huges, chief, hospital design division, Department of National Health and Welfare, Ottawa; and Sheila L. Nixon, R.N., director of nursing, Children's Hospital, Winnipeg.

On Tuesday afternoon, John Gardner of Dauphin, first vice-president, was the presiding officer at a sectional meeting of the Associated Hospitals of Manitoba. Murray Ross reported on the work of the Canadian Hospital Association and Dr. Morley R. Elliott, Deputy Minister of Health, Province of Manitoba, addressed the delegates on "Health Aspects of the Dominion-Provincial Conference". Dr. Elliott in a very concise manner gave his audience a clear picture of what was discussed and where the question now stood.

Pictured here are members of the new board of directors of the Associated Hospitals of Manitoba. Front row, left to right: Frank Foster, Brandon; T. A. J. Cunnings, Winnipeg; John Gardner, Dauphin, newly elected president; G. L. Pickering, St. Boniface, past president; and J. E. Robinson, Winnipeg. Back row, left to right: Jim Hood, Carberry; Dr. H. Coppinger, Winnipeg; J. M. Klassen, Steinbach; Jake Friesen, Morris; W. T. Andrew, Hamiota; Sister G. Jarbeau, St. Boniface; A. J. Schmiedl, Dauphin; Judge J. Milton George, Morden; John M. McIntyre, Winnipeg; A. K. McTaggart, Brandon; and George T. Potvin, Winnipeg. Absent when the photograph was taken were: Mrs. A. M. Oswald, Winnipeg; W. Weir, Minnedosa; Leon Bennet-Alder, Winnipeg.

Taking part in the convention were, left to right: Frank R. Briggs, administrator, Abbott Hospital, Minneapolis, Minn.; Bruce Sutherland, director of staff relations, T. Eaton Co., Winnipeg; A. K. McTaggart, administrator, Brandon General Hospital, Brandon; W. Ewart Mitchell, National Hospital for Nervous Diseases, Queen's Square, London, England; and Moray Sinclair, creative director, James Lovick and Co. Ltd., Winnipeg.

J. E. Robinson was the moderator for a panel discussion which invited audience participation on the topic "Are We Wasting Our Staff?" Members of the panel were M. E. Cameron, R.N., director of nursing, Winnipeg General Hospital; Dr. I. Sutton, superintendent, Deer Lodge Hospital, Winnipeg, and the executive director of the Canadian Hospital Association. Topics discussed included personnel utilization, orientation of employees, job analyses, in-service training and adequate supervision and automation.

The Manitoba Association of Medical Record Librarians held their first sectional meeting Monday afternoon with Mrs. Grace Cockrem, R.R.L., president, in the chair. Dr. E. N. East of Winnipeg addressed the gathering on "Diagnostic Coding" and Dr. A. G. Rogers of Winnipeg spoke on "Ulcerative Colitis".

At 4:30 p.m. all delegates came together for a conference tea. This provided an excellent method of bringing persons from the various sections, the exhibitors, and guest speakers together to exchange views, meet old friends and make new acquaintances.

Three sections held meetings Monday evening commencing at 8:00 p.m. The Manitoba Association of Registered Nurses met in the Crystal Ballroom under the president Mary E. Wilson, R.N. A panel discussion by the Nursing Service Committee of the M.A.R.N. discussed "Attitudes Evolved from a Modern Nursing Situation". The Manitoba Association of Radiological Technicians met in the Frontenac Room under their president C. A. Weiss, and were addressed by Murray Ross on the subject "A Member of the Team". The Manitoba Association of Licensed Practical Nurses met in the Colonial Ballroom with their president Mrs. M. English in the chair. Dr. Howard Read of Winnipeg addressed the gathering on "A Doctor in East Africa".

Thus ended a full day, with something for everyone. Delegates retired, tired but happy, better versed in national health insurance, their national and provincial associations and with many new ideas to consider.

The business session of the Associated Hospitals of Manitoba was held Wednesday morning and the meeting was very well attended. The year's activities were reviewed by the president, G. L. Pickering. Highlight of the address was a review of negotiations with the Province of Manitoba with the result that hospitals are now guaranteed the cost of basic hospital in-patient care for indigents. Hospital rate boards are being set up, he explained, to establish payments to hospitals on this basis. During the past year the association became incorporated. Eighteen hospitals with a total of 416 beds are now using Report Accounting Services provided by the Association. A brief on health insurance was presented to the provincial government on September 25, 1955, outlining the views of the association. A past president of the association, John McIntyre, was congratulated on his recent election as a trustee of the American Hospital Association.

R. G. Goodman, executive secretary, reported that 75 hospitals were paid-up members of the Association. In the field of education, in addition to promoting the two extension courses of the Canadian Hospital Association,

Among the Sisters attending the convention were, left to right: Sr. M. Adeline, Crerar Hospital, Winnipegosis; Sr. M. Justina, Johnson Memorial Hospital, Gimli; Sr. J. Valois, Sr. Cecile Maurice, Sr. Eugenie Choquette, all of St. Boniface Sanatorium, St. Vital; and Sr. M. Julienne, Holy Family Hospital, Prince Albert, Sask.

At the convention were, left to right: Mrs. Jean Fargey and Mrs. Julia Hannah, both of the Hospital for Mental Diseases, Brandon; Derinda Ellis, Manitoba Sanatorium, Ninette; Mrs. E. L. Johnson and Mrs. Marjorie Lane, Arborg Memorial Hospital, Arborg; Mrs. W. J. Miller, Roblin District Hospital, Roblin; and Isabel Misner, Victoria Hospital, Winnipeg.

Left to right: Gordon L. Pickering, comptroller, St. Boniface Hospital, St. Boniface; T. A. J. Cunnings, executive director, Sanatorium Board of Manitoba, Winnipeg; H. Gordon Hughes, chief hospital design division, Department of National Health and Welfare, Ottawa; J. E. Robinson, superintendent, Children's Hospital, Winnipeg; C. Kenneth Temple, assistant superintendent, Children's Hospital, Winnipeg; and Dr. Morley R. Elliott, deputy minister of health, Winnipeg, Man.

Left to right: Sheila L. Nixon, director of nursing, Children's Hospital, Winnipeg; G. R. Gowing, business manager, Brandon Sanatorium, Brandon; Teresa Reilley, superintendent of nurses, Clearwater Lake Sanatorium, Clearwater; Edward Dubinsky, administrative assistant, Sanatorium Board of Manitoba, Winnipeg; Nicholas Kilburg, business manager, Manitoba Sanatorium, Ninette; and Andrew Magis, accountant, Children's Hospital, Winnipeg.

Left to right: Dr. P. L'Heureux, medical director, St. Boniface Hospital, St. Boniface; Dr. Owen C. Trainor, M.P., Winnipeg; Dr. H. M. Coon, superintendent, University of Wisconsin Hospitals, Madison, Wis.; Frank R. Briggs, administrator, Abbott Hospital, Minneapolis, Minn.; and Dr. W. Douglas Piercey, executive director, Canadian Hospital Association, Toronto.

Left to right: Ruth Billing, secretary treasurer, Carman Memorial Hospital, Carman; Mrs. M. McKenzie, superintendent, Neepawa District Memorial Hospital, Neepawa; J. G. Livingston, chairman of the board, Swan River Distict Hospital, Swan River; Mrs. R. de la Mare, Roblin; Mrs. I. Taylor and Mrs. Thelma Wawryk, both of Selkirk General Hospital, Selkirk.

a matron's institute was held as well as a one-day institute on aseptic technique. Hospital regions are now developed except in two areas, where the distance between hospitals is very great. The two regions that remain to be developed are the inter-lake and southeast parts of the province. An accreditation committee has been established to answer enquiries from member hospitals. With four participating organizations in 1952, the Manitoba Hospital and Nursing Conference this year had ten organizations meeting together. The association co-operated with the Manitoba division of the Canadian Red Cross in the securing of blood donors and the association continued its affiliation with the Upper Mid-west Hospital Conference.

The report of the honorary secretary-treasurer was given by J. E. Robinson, superintendent of the Children's Hospital, Winnipeg. In discussion of the report it was brought out that the association needs the financial support of all hospitals in the province if the present work of the association on behalf of the hospitals is to continue. While the great majority of hospitals are members, there are a number deriving benefits from the work of the association and not contributing to its financial support or otherwise participating in its work.

The report of the resolutions committee was presented by T. A. J. Cunnings, executive director of the Sanatorium Board of Manitoba (see this issue, page 116). An additional resolution was moved and seconded from the floor and unanimously endorsed by the assembly, commending the officers and directors for the splendid leadership given the association during the past year.

A new set of by-laws of the association, made necessary by incorporation, were presented by A. K. McTaggart, administrator of the Brandon General Hospital and chairman of the by-law committee. These were approved. A new provision was that of personal membership and the association conferred on Judge J. Milton George of Morden the first honorary personal membership. This was in recognition of Judge George's outstanding services rendered to the association over a period of many years.

The following officers were elected for the ensuing year:

Immediate Past President: G. L. Pickering, St. Boniface.

President: John Gardner, Dauphin.

1st Vice-President: T. A. J. Cunnings, Winnipeg.

2nd Vice-President: J. E. Robinson, Winnipeg.

Honorary Secretary-treasurer: Frank Foster, Brandon.

On Wednesday afternoon, Ewart Mitchell, administrator of the National Neurological Hospital, Queen's Square, London, England, spoke on the National Health Service of Great Britain. He traced the development of the voluntary hospital system and the changes that had taken place since the introduction of the National Health Program. He stated that while its introduction was the greatest thing that had happened in England since Magna Carta, it had gone too far too quickly. Because the program was placed in operation in one single day, there was chaos at first but now it is working extremely well and the health of the country is better than at any time before, he said. However, it resulted in the submerging of the spirit of voluntary service, the original basis on which the voluntary hospitals had been established. All hospital boards are now appointed by the Ministry of Health and they are responsible to regional boards for the carrying out of regulations. The system thus results in regulation from the top instead of government at the local level based on local needs.

A panel discussion on public relations with the title "How Do We Rate?" was conducted with A. K. McTaggart acting as moderator. Moray Sinclair, creative director, James Lovick and Co., Winnipeg, stated there was much misunderstanding on what the phrase "public relations" implied. He outlined the following four-point program: (1) find and correct our mistakes; (2) heal the sore spots; (3) make new friends; and (4) tell your story of social service. Public relations affects everyone in your organization and is everyone's responsibility. While the program starts at the top, it must extend outward and downward through the organization. The speaker emphasized that the fourth step could not be taken until the first three had been attempted.

Bruce Sutherland, director of staff relations, T. Eaton Company, Winnipeg, stated that much more thought was being given to human relations today than ever before. Communication between people in an organization is an important aspect. The speaker outlined the following points: (1) be clear in your own mind exactly what you wish to communicate; (2) know what you want for the organization; (3) know your organization; (4) know your own people; (5) build the right atmosphere; and (6) talk to your staff. Mr. Sutherland stated that industry today was giving much more attention to proper personnel selection than heretofore and 30-60-90-day follow-up of new employees is now carried out in his company. Exit interviews are held with all employees. Management developing programs and job evaluation are now being continually developed as is the in-

(Concluded on page 90)

At the right, R. G. McEwen, assistant secretary of the Associated Hospitals of Manitoba, converses with R. G. Goodman, executive director of the association and Leon Bennet-Alder, superintendent of Victoria Hospital, Winnipeg.

St. Vincent's Hospital Host to

Catholic Hospital Conference of British Columbia

THE SIXTEENTH annual meeting of the Catholic Hospital Conference of British Columbia was held at St. Vincent's Hospital, Vancouver, B.C., October 9th and 10th, 1955.

Following a board meeting on Saturday, October 8th, and the Benediction of the Blessed Sacrament at 1:30 p.m. on Sunday, the conference was addressed by Rev. Father Andrew Keber, O.S.B., on "The Dignity and Excellence of Gregorian Chants" and by Rev. N. Defoe, chairman, Sacred Music Commission on "Diocesan Regulations". Rev. Henri Légaré, O.M.I., executive director of the Catholic Hospital Association of Canada, addressed the sisters on the spiritual outlook and the remainder of the session was devoted to a question box and discussion of medico-moral problems.

Monday morning following Holy Mass at St. Vincent's Hospital chapel, the celebrant being Msgr. F. A. Clinton and the sermon delivered by Rev. J. Leonard, S.F.M., Rev. J. A. Leahy, S. J., president of the Catholic Hospital Association of Canada and conference chaplain, led in the opening prayer at 9:30 a.m. A welcome to the delegates was given by Sister Mary Ruth, S.C.I.C., and greetings from the medical profession were brought by Dr. C. MacKenzie.

The president's address was given by Sister Mary Alena, S.S.A., the secretary's report by Sister M. Canisius, S.C.I.C., and the treasurer's report by Sister Agnes Marie, S.C.I.C. Father Leahy reported on the convention of the Catholic Hospitals Association of the United States and Canada which he attended in the capacity of Bishop's Representative of British Columbia.

At the Monday afternoon session the conference was addressed by Judge A. H. J. Swencisky, immediate past president of the British Columbia Hospitals' Association, and by Percy Ward, executive secretary-treasurer of that association. Dr. W. Douglas Piercey, executive director of the Canadian Hospital Association, in addition to bringing greetings from the national association, spoke on the subject of health insurance.

Rev. J. Hennessey, S. J., addressed the conference on the problem of dealing with the alcoholic patient. A panel discussion under the guidance of Father Leahy as moderator, and with Sister Denise Marguerite, F.C.S.P., Sister M. Angelus, S.S.A., Sister M. Jeanette, S. S. J., and Sister Ste. Marguerite, M.I.C., as participants, covered the topics of (a) hospitals and doctors, (b) sisters and doctors, (c) sisters and nurses, (d) interns and hospital, and (e) interns and research.

Various standing committees reported to the conference, as follows: nursing, Sister Mary Lucita, S.S.A.; administration, Sister Mary Ruth, S.C.I.C.; publicity, Sister Laura Marie, F.C.S.P.; legislation, Sister Helen Marie, F.C.S.P.

Dr. A. J. Brunett, medical superintendent of St. Joseph's Hospital, Victoria, assisted discussion during consideration of various problems related to medical administration.

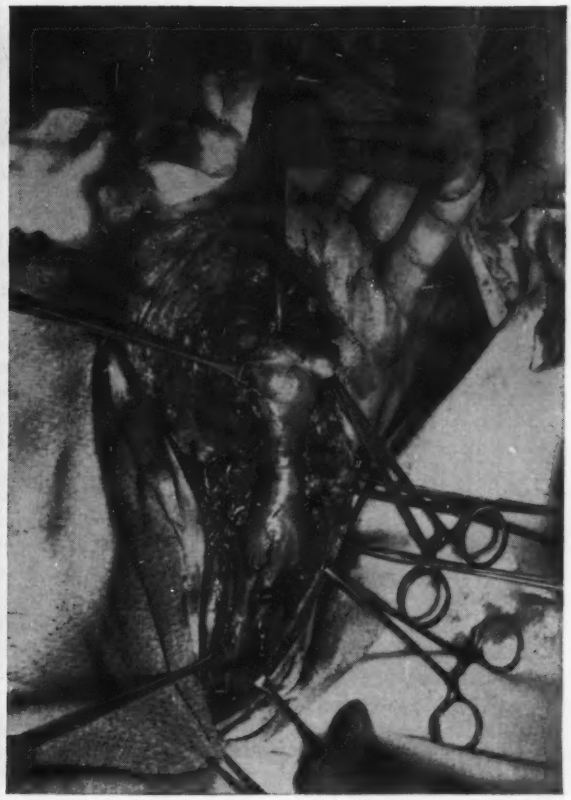
Percy Ward, secretary-treasurer of the British Columbia Hospitals' Association, was presented with the following citation in appreciation of his great contribution to the work of hospitals over many years.

"Our congratulations are extended (to Mr. Ward) on the occasion of his receiving the George Findlay Stephens Memorial Award, in appreciation of advice, encouragement, and inspiration to the Conference and its member hospitals, and as our tribute of gratitude also for the great part he has

(Concluded on page 90)

Pictured in the front row are, left to right: Dr. A. J. Brunett, medical administrator, St. Joseph's Hospital, Victoria; Father Henri Légaré, executive director, Catholic Hospital Association of Canada, Ottawa; Dr. W. Douglas Piercey, executive director, Canadian Hospital Association, Toronto; (immediately behind) Father E. McIntyre, chaplain, St. Vincent's Hospital, Vancouver; Sister Mary Alena, presiding, St. Joseph's Hospital, Victoria; Percy Ward, Vancouver; Father J. A. Leahy, president of the Catholic Hospital Association of Canada, who was a patient in the hospital at the time of the meeting; Judge A. H. J. Swencisky, chairman of the board, St. Paul's Hospital, Vancouver; and Sister Canisius, St. Vincent's Hospital, secretary of the conference.

Tumor of the left hand.



Resection of tumor.

Photographs: DAVID LUBIN, Medical Illustration Service, U. S. V. A. Hospital, Cleveland 30, Ohio

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First Canadian Hospital Pharmacy Institute

Isabel Stauffer
Toronto, Ont.

THE BEAUTIFUL campus of the University of British Columbia, Vancouver, B.C., was the scene of the first Canadian Institute on Hospital Pharmacy on August 13th and 14th. The two-day program, conducted by the Canadian Society of Hospital Pharmacists, preceded the annual Canadian Pharmaceutical Association Convention at the Hotel Vancouver and marked the inaugural meeting of the Society with that association and other affiliated pharmaceutical associations, the Canadian Conference of Pharmaceutical Faculties and the Canadian Foundation for the Advancement of Pharmacy.

Forty-five registrants, representing large and small hospitals, journeyed from Nova Scotia, Ontario, Manitoba, Saskatchewan, Alberta, Washington, Oregon and California to attend the sessions and partake of the generous hospitality of our hosts, the British Columbia Branch of the C.S.H.P. Hospital administrators, hospital pharmacists, faculty members from the Colleges of Pharmacy, Civil Defence officials and members of the Department of National Health and Welfare offered a variety of interesting and stimulating addresses which were followed by discussion and workshop periods, some of them lasting well on into the night.

"Better Relationships between the Hospital Pharmacy and the Hospital Accounting Departments", a panel discussion, set the pace at the opening morning session. Michael A. M. Fraser, assistant administrator, Royal Jubilee Hospital, Victoria, B.C., presented the views of hospital administration. "Generally speaking, the pharmacists should be relieved of as many of the accounting responsibilities as the administrative organization and staffing will permit," stated Mr. Fraser. Accounting responsibilities assigned to the hospital pharmacist include: authority to purchase drugs, biologicals, chemicals, et cetera, for the hospital direct, or authority to designate the specifications and source of these supplies for purchase through the hospital purchasing agent; the maintenance of a satisfactory inventory system of all supplies retained under the immediate control of the pharmacy department; the maintenance of an adequate system of records of the requisitioning and dispensing of all drugs and other supplies in order to supply the accounting department with the basic data for charging patients and staff; the preparation of expense and revenue budgets for the department and the maintenance of time record of the pharmacy staff for payroll purposes. The hospital accountant or controller, on the other hand, should endeavour to have the pharmacy personnel relieved of as many of the routine accounting procedures as possible, arrange for the undertaking of the physical inventory of the pharmacy stocks, the handling of the preparation and collection of patient and staff accounts, the handling of all cash in connection with the operation of the pharmacy, the provision of all financial and statistical data necessary to the pharmacist for the preparation of the department budget, department reports, and costing studies, and the maintenance of insurance and the procurement of business licenses, et cetera. "Administration is primarily responsible for setting the stage for the development of good inter-departmental relationships. But then the responsibility for maintaining them on a day-to-day basis rests on the shoulders of the department heads and other members of the staffs concerned," stated Mr. Fraser.

S. R. G. Fladgate, controller of the Vancouver General Hospital, Vancouver, speaking for the accounting department, said, "In accounting and, I am sure, in pharmacy, technical knowledge is only part of the prerequisites. The ability to apply the technical knowledge in relationship to other day-to-day factors is also essential." Don't expect the impossible of others in your own department or the accounting department; don't forget the pharmacy department produces a good proportion of the hospital revenue from special services which require prompt collection; don't let a backlog of work accumulate; don't be unco-operative in dealing with the requests from the accounting department; don't overdo concessions to patients or other employees. Do give reasons for your requirements; do delegate as much detail as possible; do be prepared and willing to transfer part of the work to other departments, if this will assist with the over-all effort, but not if control of quality and economy is undermined; do be accurate and prompt in processing purchase orders, delivery slips and invoices; do be careful with inventories. Mr. Fladgate continued, "do remember and don't forget, the only reason that pharmacy and accounting personnel are in a hospital is for the benefit of the patient." Jack Cook, chief pharmacist, Oshawa General Hospital, Oshawa, Ont. presented the viewpoint of the hospital pharmacist.

Dr. Elmer Plein, professor of pharmacy, College of Pharmacy, University of Washington, gave a comprehensive review of the "Responsibilities of the Hospital Pharmacist in Hospital Organization", which included the design of the hospital pharmacy, personnel, the therapeutics committee and the hospital formulary, purchasing and stock control, manufacturing and control, research, maintenance of ward stock, central supply, economics and pricing, legal responsibilities, maintenance of a literature file, teaching duties, and membership in organizations.

One of the most stimulating sessions took the form of an "Open Forum" on questions submitted by hospital administrators and hospital pharmacists prior to the institute. Sister M. Ancilla, chief pharmacist at St. Joseph's Hospital, Hamilton, Ont. and Charles Burr, Royal Victoria Hospital, Victoria, B.C., acted as moderators. Some of the topics included were: accounting, purchasing, stock control; administration, policies, responsibilities, inter-departmental relationships, legal aspects; manufacturing; pharmacy and therapeutics committee; and education.

All the hospital pharmacists attending participated in the workshops on "Economies of Ward Stock Preparation", "Functional Use of Your Floor Space", "Hospital Pharmacy Bulletins as a Means of Communication", "Responsibilities of the Hospital Pharmacist as a Member of the Pharmacy and Therapeutics Committee", and "Compiling Your Hospital Formulary". Pharmacists in government hospitals held two special sessions on "Problems of the Armed Services Hospitals,

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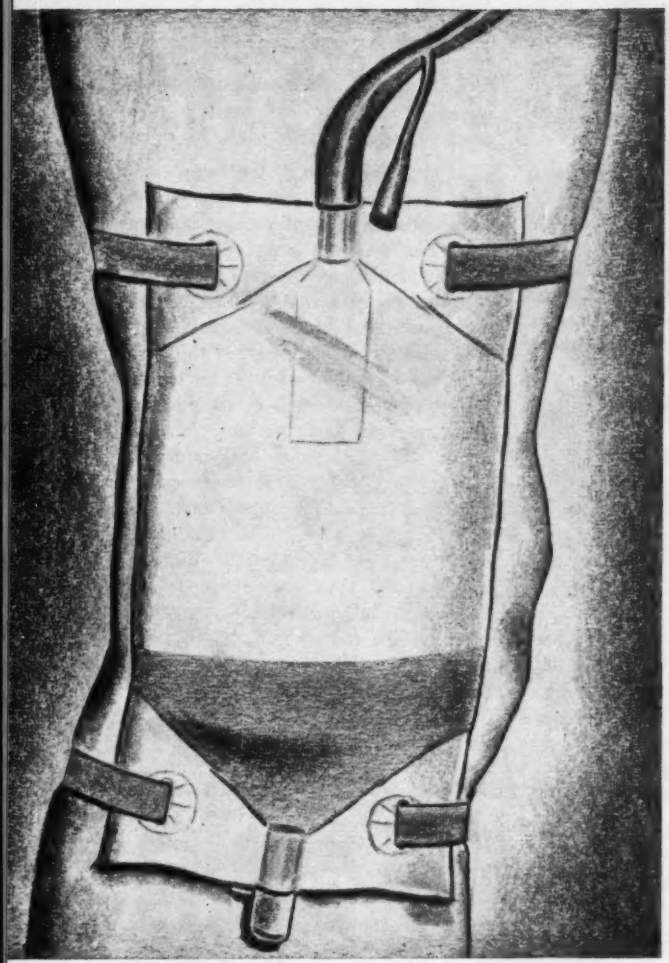

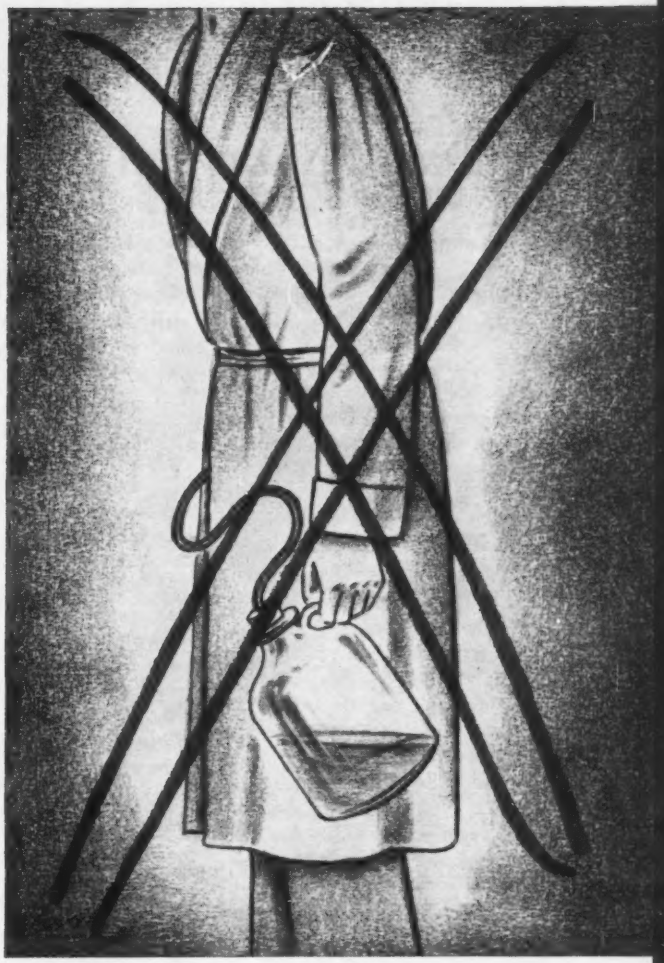

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At Camp Cadicasu——

Diet, Insulin and Exercise

Leila Taylor, B.A.
Dietitian,
Calgary General Hospital,
Calgary, Alta.

THANKS to the efforts of the Calgary and District Diabetic Association and the Kinsmen's Club of Calgary, the first diabetic children's camp in the west was held successfully at Bragg Creek, Alta., from August 14-27 of this year. The staff included the camp director, himself a diabetic, a doctor, a dietitian and two nurses. Twenty children, aged 7 to 16 years, attended.

The children were put on as standardized a diet as possible, based on the Joslin Clinic exchange diet and conforming to the prescriptions they were on at home. They were seated in the dining hall at tables according to diet. Each table was equipped with a set of gram scales and a diet card, and was presided over by a supervisor. Hot foods were weighed in the kitchen in advance, in order to have them appetizing and hot when served, while each child weighed his own cold foods under supervision. In this way they gained practice in judging portion sizes as well as learning to use a gram scale accurately.

After the first day the doctor found it necessary to begin adjusting diets and insulin. As with normal individuals, the change to outdoor living resulted in increased appetites, while the increase in activity resulted in higher self-produced insulin levels, with a consequent cut in administered insulin in many cases. All diets except one were increased. In order to lower the reaction incidence, we began giving two mid-morning feedings and two in the mid-afternoon, in addition to the night feedings. Night feedings assumed astounding proportions in many instances, in order to avoid night reactions. The meal schedule ran as follows: breakfast—8:00 a.m.; feeding (1)—9:30 a.m.; feeding (2)—11:00 a.m.; dinner—12:30 p.m.; feeding (3)—3:00 p.m.; feeding (4)—4:15 p.m.; supper—5:00 p.m.; night feeding—9:00 p.m. Food replacements were few. Substitutions for the items on the menu were avoided as far as possible in the hope of establishing better food habits. Food was delivered daily from Calgary by the Kinsmen, and some refrigeration was provided for perishables.

Urine tests were done four times a day. If a child felt he was going into reaction an additional one was done. The doctor stressed the importance of second specimens. Relatively few reactions occurred. After meals strenuous activities such as swimming, hiking, softball, rugby or horseback riding were enjoyed, while before mealtimes the children learned crafts, played quiet games, fished, wrote letters, read or rested. Each child was assigned camp duties, in rotation. We were fortunate in having beautiful weather every day but two during the two weeks at camp.

On several evenings lectures were given followed by question and answer periods and oral quizzes. The doctor talked to the children about the importance of their personal knowledge of diabetes, their role in controlling the disease, types of insulin, danger periods for reactions, sites of injection and related topics. The dietitian lectured on the components of the diet, the diabetic diet in relation to the family diet, buying food for diabetics, importance of regularity of mealtimes and adherence to diet in maintaining good control, and food exchanges used in the A.D.A. exchange diet. Great interest was manifested in the diet. All of the children took notes and after the first lecture they had learned and were eager to apply exchanges. A wide variety of foods, including ice cream as a bread exchange, were served as an example of versatility of diet. A weiner roast was enjoyed one evening—the first for most of the participants.

At the conclusion of the camp each child was presented with a copy of his urine tests, daily insulin given, and the final diet while at camp, along with a letter to his parents and instructions to return to his former routine of diet and insulin and see his personal physician within a week. Most of the children gained weight while at the camp, some gaining as much as six pounds. They returned home tanned, relaxed, better adjusted and well-informed children, eager for next year's camp. The Kinsmen's Club of Calgary has announced its intention of building a camp equipped for this type of group and making it an annual project. It is a worthwhile project for any group to undertake and we hope to see many more such camps in various parts of the country within the next few years.

Food Service

sponsored by the

Canadian Dietetic Association

Buffalo Milk in Powdered Form

Buffalo milk—which accounts for 54 per cent of all milk drunk in India—is now to be produced in powdered form. The United Nations Children's Fund reports that a plant in Anand, India, scheduled to begin operation soon, will be the first of its size to dry buffalo milk.

UNICEF's milk conservation program is gaining momentum in other areas. In the past year six more UNICEF-aided conservation plants have either begun operation or will be open by next September—two in Italy, three in Israel and one in Costa Rica. This brings the total number of UNICEF-assisted plants in operation to 126 and means that, of the total 172 plants for which UNICEF aid has been voted, 46 remain to be completed.

Significant progress has also been made in developing protein-rich, indigenous foods to meet the nutritional requirements of toddlers and preschool children. The Food and Agriculture Organization of the United Nations is now planning further animal and human tests of fish flour produced by a solvent extraction process now under consideration; of ground-nut flour with millet; of the soy-bean-peanut "milk"; and of cottonseed flour.

With the Auxiliaries

Princess Elizabeth Hospital Guild Reports

(The following is part of the report of the Princess Elizabeth Hospital Guild, Winnipeg, Man., published in "Winnipeg Municipal Hospitals, Report for the year ended December 31st, 1954." Princess Elizabeth is a hospital for long-term patients.)

The past year has been the busiest and most outstanding since our Guild was organized seven years ago. Added to our patients undergoing long-term treatment for chronic disabilities, we had post-polio cases, filling our hospital to capacity.

Our work as a Guild is unique in that our principal aim is to bring comfort and cheer to the patients. To achieve this we have:

(1) Systematic visiting of every patient every Monday. (2) Service carts every Monday and Friday. (3) Recreation—we are indebted to the Winnipeg Kinsmen Club for two movies a month. We sponsor varied entertainment twice a month—band concerts in the summer—and bingo once a week. The co-operation of "The Merry Mender's Club" has been much appreciated and our Wheel Chair Square Dancing has become world famous. (4) Birthday, Christmas and Easter cards sent to all patients and a Christmas rosebud personally delivered to those remaining in hospital over Christmas. (5) Christmas decorations put in every room in the hospital. (6) A jolly Christmas party with entertainers going through the corridors followed by Santa with a box of homemade goodies for every patient. (7) Puppet shows and special parties for the children with appropriate gifts Christmas morning. (8) A special service to mark the World Day of Prayer.

We felt honoured this year when J. M. McIntyre (administrator, Winnipeg Municipal Hospitals) asked us to take charge of the kindergarten. There are in this group over 25 children of different races and creeds who need various rehabilitation techniques. Two members of our committee have classes with the children Monday, Wednesday and Friday afternoons. We have only made a bare beginning here but it is our hope that the earnest efforts of another year's work will show a marked improvement.

The Guild provided shaving supplies, permanents, shampoo trays, two hair-dryers, magazine subscriptions, P.A. system, prismatic glasses, wheel chairs, bedside table, kindergarten supplies, piano upkeep, and wool for mending afghans. Over 200 afghans were put in the hospital.

At our Annual Spring Basket Tea, held April 1st, we realized over $1,600. This is the only time during the year we ask the public for money. We helped sell programs at the Sportsman's Show in March.

We try to bring a little of the outside world into the hospital. After all it is the personal touch that counts and friendship is a greater word than social service. Our patients help themselves and we are convinced the morale in our own Princess Elizabeth Hospital is second to none in the world.

* * * *

Christmas Tree Raffle Successful Project

A special project sponsored by the ladies' auxiliary to the Hotel Dieu de St. Joseph, Chatham, N.B., is their annual Christmas tree raffle. The tree itself is given to the auxiliary, decorated, and supplied with presents donated by local merchants. A turkey and a hamper of groceries are added and tickets of chance sold on the entire outfit.

* * * *

Auxiliary Establishes Playroom

Of the $18,662 spent by the women's auxiliary to The Children's Hospital, Halifax, N.S., during the past year, most of this sum went toward the establishment of a new playroom in the hospital, called the Dr. Michael Carney Memorial Room. The playroom was officially opened in May and is used for both recreational and teaching purposes. An operating table, which cost about $2,000, was also donated to the hospital, and $300 was given to the nurses' and doctors' libraries for books and magazines.

* * * *

Auxiliary Runs Kiddies' Shopping Centre

A rather unusual project which is carried out annually by the junior branch of the Douglas Memorial Hospital Auxiliary, Fort Erie, Ont., is a Kiddies' Shopping Corner. The corner is run at the Santa Claus Carnival, held in November, in order to provide inexpensive Christmas gifts for children to buy for their families. Most of the articles, which are made by members of the auxiliary, sell for 25c or less.

* * * *

New Auxiliary Formed to Aid Home for Aged

A women's auxiliary to the New Jewish Home for the Aged, Toronto, Ont., has been organized and hopes to draw members from every Jewish family in the city. An inaugural membership tea and fashion show held in September brought 1,050 members into the group. The auxiliary will be largely responsible for such personal services as visiting, letter writing, reading, acting as shopping escorts, and taking wheel chair residents on outings. The home was opened in 1954.

* * * *

Christmas Cards Profitable For Auxiliaries in Ontario

Auxiliaries to the Cornwall General Hospital and the Ottawa Civic Hospital find that Christmas cards are excellent fund-raising material. The two groups not only sell the cards but make them as well.

* * * *

Indians Present Cheque to Auxiliary

The Indians of the Keys Indian Reserve recently presented a cheque for $200 to the ladies auxilary of the Norquay-Canora Union Hospital, Norquay, Sask., as a token of appreciation for the hospital's services. According to one authority this is the first time in Saskatchewan when a group of Indians have taken an active part in assisting in hospital construction and financial aid. An addition to the hospital was completed recently and Indian volunteers from the reserve assisted in its construction.

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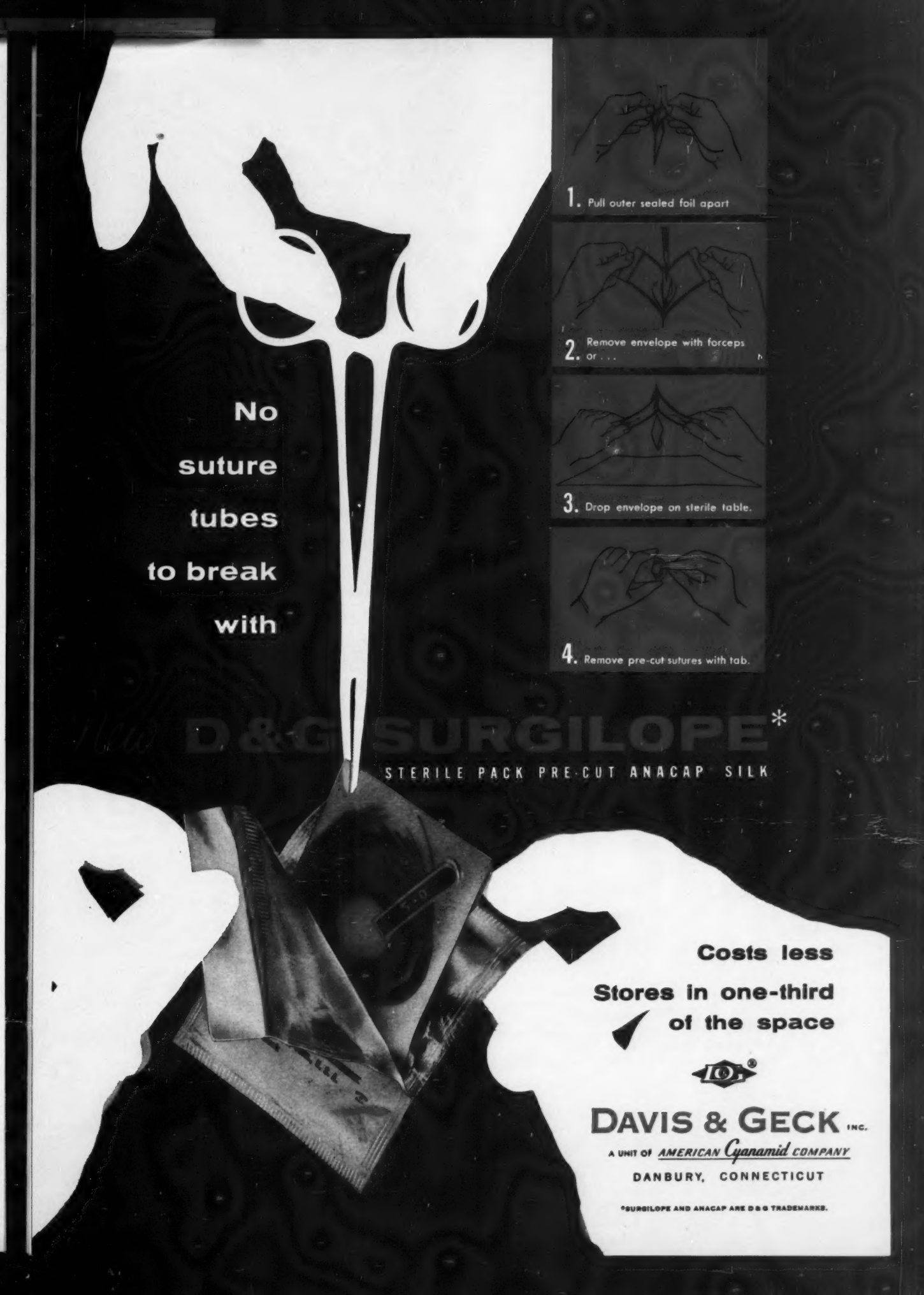
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First Graduates

Extension Course for Training Medical Record Librarians

A UNIQUE course, designed to fill a recognized need in Canadian hospitals, is about to gradute its first class. Collaboration of the Canadian Association of Medical Record Librarians and the Canadian Hospital Association back in February, 1953, followed by the generous financial assistance of the W. K. Kellogg Foundation, gave birth to an extension course for training medical record librarians. Designed so that students could have a general knowledge of the work after one year of study, it has been gratifying to realize that almost all the successful students have continued with the second, more concentrated, year of work. The operational conduct of each year of the course is similar, with 16 lessons to be studied and 15 assignments to be completed and passed before proceeding to the examination. After successful completion of the examination, a month is spent in the medical record department of a hospital, usually in their home province, under the supervision of a registered record librarian. If possible, the student is placed in a different hospital for her second intramural session in order to enlarge her experience. Much credit is due to these librarians who have co-operated with this educational program. This year students were placed for their four weeks' training at the following hospitals, under the direction of the head of the medical record department:

Royal Columbian Hospital, New Westminster, B.C.—Mrs. Ruth Melby

St. Paul's Hospital, Vancouver, B.C.—Mrs. A. Maleszewski

Calgary General Hospital, Calgary, Alta.—Miss Elizabeth Forbes

Edmonton General Hospital, Edmonton, Alta.—Sister M. P. Rheault

University of Alberta Hospital, Edmonton, Alta.—Miss Jessie Nairn

Winnipeg General Hospital, Winnipeg, Man.—Dr. Margaret E. McGuire

Hotel Dieu Hospital, Kingston, Ont.—Sister Keevil

Victoria Hospital, London, Ont.—Miss Eleanor Walker

Peterborough Civic Hospital, Peterborough, Ont.—Miss Ruth Muldoon

Northwestern General Hospital, Toronto—Mrs. L. Mayor

St. Michael's Hospital, Toronto—Sister Mary Paul

Hotel Dieu Hospital, Montreal (Session in French)—Sister St. John of the Cenacle

Moncton Hospital, Moncton, N.B. — Miss Frances Eagles

Halifax Infirmary, Halifax, N.S.—Sister Margaret Clare

Toronto General Hospital, Toronto — Miss Margaret Wilson.

Thirty-five students satisfactorily completed the first year of the course by September, 1955, and certificates have been granted to them in recognition of their achievement. Twenty-nine students completed the two years—the full course—and are listed below. Congratulations are due to them in their success after two years of concentrated work, all done after completion of the daily round in the hospital. To those who are writing the registration examination of the Canadian Association of Medical Record Librarians, best wishes for success is extended. Forty students were enrolled in the class which began in September of this year, and are now proceeding with their lessons. Demand for the course administered by the Canadian Hospital Association continues to be favourable: it is now evident that the course is meeting a very real need, fulfilling the expectations of those who sponsored the idea, and the many persons who have contributed long hours to its organization and content.

Graduates of the two-year course for training medical record librarians are:

Irene Baird, St. John's General Hospital, St. John's, Nfld.

Mrs. Elizabeth Banks, Brome-Missisquoi-Perkins Hospital, Sweetsburg, Que.

Marjorie E. Carroll, Royal Victoria Hospital, Montreal, Que.

Gladys E. Carter, Cornwall General Hospital, Cornwall, Ont.

Ruth W. Chadwick, Norfolk General Hospital, Simcoe, Ont.

Evelyon O. Dekelver, Vancouver Island Chest Centre, Victoria, B.C.

Sister M. Eleanor, St. Joseph's Hospital, Macklin, Sask.

Winnifred Fair, Public General Hospital, Chatham, Ont.

Mrs. Julienne Gauthier, Hôpital Saint-Luc, Montreal, Que.

Mrs. S. M. Kelleher, Belleville General Hospital, Belleville, Ont.

Pauline Kostick, Colonel Belcher Hospital, Calgary, Alta.

Georgie L. MacKinnon, Victoria Public Hospital, Fredericton, N.B.

Sister Marie Raymond, St. Martha's Hospital, Antigonish, N.S.

Bertha A. Martin, Miramichi, Newcastle, N.B.

Sister Mary Anna, Providence Hospital, Moose Jaw, Sask.

Sister Mary Catherine, St. Joseph's Hospital, Victoria, B.C.

Sister Mary Geralda, St. Mary's Hospital, Camrose, Alta.

Sister Mary of Loretto, Charlottetown Hospital, Charlottetown, P.E.I.

Mrs. Audrey E. Melanson, Saint John General Hospital, Saint John, N.B.

Dorothy M. Miller, Royal Jubilee Hospital, Victoria, B.C.

Mrs. Verona Noble, West Coast General Hospital, Port Alberni, B.C.

Mrs. Martha N. Offord, Welland County General Hospital, Welland, Ont.

Sister St. André, Hotel Dieu de St. Joseph, Edmundston, N.B.

Rhona A. St. John, St. Mary's Hospital, Montreal, Que.

Sister M. St. Joseph, Sudbury General Hospital, Sudbury, Ont.

Sister Ste. Thérèse d'Alençon, Hôtel-Dieu St-Michel, Roberval, Que.

Mavis J. Scott, Deer Lodge Hospital, Winnipeg, Man.

Marie E. Sim, St. Thérèse Hospital, Tisdale, Sask.

Mrs. Mary Anne Jelaffke (née Toews), St. Michael's Hospital, Toronto, Ont.

"I" or "We"?

Perhaps everyone who has ever poised his hands over a typewriter key board to write a business letter has found himself pondering over the common question, "Should 'I' or 'we' be used in the letter?" Some people claim that the use of the first person singular has an egotistical ring, and "we" should be substituted for "I".

Mark Twain gives views on the subject that should finally settle the question: "Nobody is entitled to refer to himself as 'we' except kings, editors, and persons with tape worm."—*The Calling Card, September, 1955.*

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Provincial Notes

Nova Scotia

HALIFAX. The Children's Hospital is making plans for a capital campaign for $475,000 which will begin on December 1st. The funds are needed to assist in making final payments for the extensive enlargements made to the hospital last year. The additions included a new wing which increased the institution's capacity by over one hundred beds and a new nurses' residence.

New Brunswick

CHATHAM. The Hotel Dieu de St. Joseph recently opened a campaign for $233,333 to help cover the cost of a new wing which is needed to relieve conditions of overcrowding and overworked equipment at the hospital. The wing will cost about $700,000 and if the campaign goal is met the funds collected will cover one-third of the construction expenses.

* * * *

SAINT JOHN. Construction of a new wing to the Saint John General Hospital, part of the institution's current $4,000,000 expansion program, is expected to begin in the spring of 1956. The addition will almost double the hospital's present capacity of 375 beds. The new nurses' residence now under construction is expected to be completed and opened by March of next year.

Ontario

BRANTFORD. A psychiatric unit at the Brantford General Hospital is expected to be ready some time next year. The 28-bed unit is part of the hospital's current building program and is to be used for mild cases only. It will be a partial solution to one of the city's problems—where to care for mentally-disturbed persons taken into custody by the police.

* * * *

CHAPLEAU. Ground was broken in September for the new extension to Lady Minto Hospital, which is expected to be completed early in 1956. A new nurses' residence is also under construction.

* * * *

MILTON. Plans are underway for the new Milton General Hospital which will replace the present 15-bed Milton Private Hospital. The new institution will have a 50-bed capacity and will cost about $600,000. The old hospital has become inadequate to serve the needs of the community.

* * * *

NEWMARKET. Construction is under way on York County Hospital's expansion project which will increase the institution's bed capacity from 63 to 110. A new three-storey main wing is being built, as well as an addition to the present maternity wing. The top floor of the main wing will house a complete operating room suite.

* * * *

NIAGARA FALLS. Contracts totalling $467,281 were awarded recently for construction of a nurses' residence and heating plant on the site of the new Greater Niagara General Hospital. The $3,000,000 hospital is now under construction and is expected to be completed within two years. A tunnel running between the residence and the hospital will connect the two buildings.

* * * *

OSHAWA. Col. R. S. MacLaughlin, chairman of the board of directors of General Motors of Canada, Ltd., recently announced that he intends to leave Parkwood, his beautiful 10-acre Oshawa estate, to the Oshawa General Hospital. Parkwood is one of Canada's most famous estates and includes a 50-room mansion on its grounds. Col. MacLaughlin made the announcement at the cornerstone-laying ceremony of the hospital's new $2,500,000 wing.

* * * *

PORT ARTHUR. St. Joseph's Hospital's new $600,000 nurses' residence and school was opened late in August. The five-storey building has 15 double and 78 single rooms and is attached to the hospital by an enclosed tunnel. An infirmary, a kitchenette and a sitting room are provided on each floor, with three main lounges on the first floor. One of the main features of the residence is a combined auditorium-gymnasium which can be used for both social and sports activities. All school facilities are completely contained on the first two floors of the building.

* * * *

PORT CREDIT. Construction is expected to begin in January on the proposed 125-bed South Peel Hospital, pending voters' approval of further municipal grants. The additional grants are necessary because the original plan was for a 50-bed hospital and, due to a rapid increase in the area's population, it was decided that a larger hospital must be built. The present plans provide for expansion to 225 beds when the need arises.

* * * *

ST. CATHARINES. Plans were announced recently for construction of a joint St. Catharines—Lincoln County home for the aged which will cost about $1,300,000. The 225-bed home will replace a 69-year-old, 56-bed structure and is expected to be completed in two years.

* * * *

TORONTO. Sunnybrook Veterans' Hospital is planning to close its tuberculosis section because of the continued drop in the tuberculosis incidence, it was announced recently. The 59 beds thus vacated will be used for other types of patients, while the remaining tubercular patients will be sent to sanatoria near their homes.

* * * *

TORONTO. Work began recently on a three-storey, $900,000 addition to St. Michael's Hospital. The building will expand to seven storeys eventually, and is part of an expansion program made possible by a recent fund-raising campaign. The addition will provide a new laundry, staff carport with space for 50 cars, and a 33-bed nurses' residence. Hospital officials hope that construction will be completed and the building ready for occupancy by February of next year. The architects are Somerville, McMurrich and Oxley, Toronto.

* * * *

TORONTO. A February campaign for funds is being planned by the Toronto East General and Orthopaedic Hospital—the institution's first money appeal to the public since it was opened

(Concluded on page 68)

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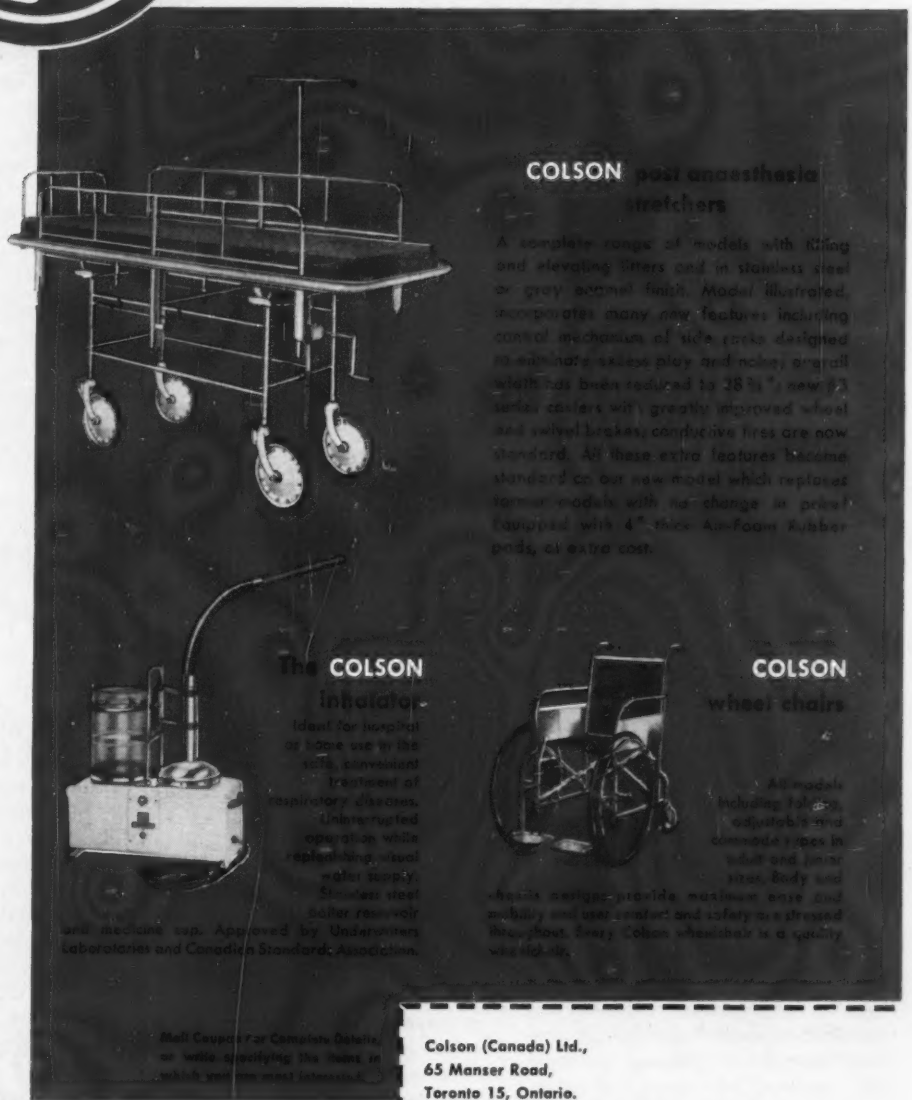

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Provincial Notes

(Concluded from page 66)

in 1929. The goal set for the drive is $3,113,000 and the funds will be used for several major building projects. The program includes the addition of two new wings to the Harris Pavilion at a cost of $1,600,000, thus increasing the hospital's capacity by 250 beds. Further projects are the construction of a 59-bed residence for interns and expansion of the nurses' residence. Expansion of the maternity department, operating suites, the out-patient department and all ancillary services throughout the hospital is also being considered.

* * * *

TORONTO. The Hon. Leslie Frost, Premier of Ontario, laid the cornerstone in September for the new $2,243,000 Queensway General Hospital. The hospital was already in an advanced stage of construction and is expected to open in June. Originally planned as a 125-bed institution, this was later changed to 166 beds when it was realized that the first size would be inadequate to serve the growing community. The hospital will also house a 48-bed nurses' residence.

Manitoba

STE-ROSE DU LAC. A new 80-bed hospital is to replace the present Ste. Rose Hospital, operated by the Grey Nuns here. The old 50-bed institution, built in 1939, will be used as a staff residence when the new structure is completed.

Alberta

BONNYVILLE. The new $337,000 wing to the St. Louis Hospital was completed and opened officially in September. The three-storey addition has more than doubled the 28-bed institution's capacity. It has also provided staff quarters, laboratory and other facilities. Extensive renovations to the old building are also under way. Architects for the structure were Rule, Wynn and Rule, Edmonton.

* * * *

MEDICINE HAT. The cornerstone was laid in September for the new $2,000,000 Medicine Hat Municipal District Hospital which will have a 200-bed capacity. When completed, it will replace the present Medicine Hat General Hospital, built in 1889. It is scheduled for completion late in 1956. Hospital authorities hope to have a $500,000 nurses' residence completed about the same time.

British Columbia

COURTENAY. The Fort Lodge, a widely-known fishing centre, has been converted into a badly needed private hospital. Billiard and dining rooms have been made over into wards, while the lounge has become a recreation room for ambulatory patients. Three cottages on the grounds have provided nurses' accommodation.

* * * *

KIMBERLEY. Members of the Kimberley Nurses' Chapter donated the sum of $1,026.67 towards the purchase of an operating table for the Kimberley and District General Hospital.

* * * *

LADYSMITH. Construction is expected to start next spring on the new Ladysmith General Hospital which will cost about $300,000. It is to be built on the site of the present hospital and will have about 30 beds. The architects are Whittaker and Wagg, Victoria.

* * * *

PENTICTON. The official opening of Valley View Lodge, a new home for senior citizens, took place in September. The home was formerly the old Penticton Hospital which was remodeled and renovated under the sponsorship of the Newhope Benevolent Society to provide the present lodge.

* * * *

POWELL RIVER. Powell River General Hospital is planning a new chronic wing which will cost about $400,000, it was announced recently. The wing is to have a 40-bed capacity.

* * * *

SUMMERLAND. An addition and alterations to Summerland General Hospital were completed recently and are now in use. The project has provided an additional ward, a waiting room, and an office by the main entrance.

* * * *

VANCOUVER. A new $270,000 treatment centre for out-of-town patients being treated at the British Columbia Cancer Institute was opened in September, although construction was still going on and the second storey was not yet completed. An official opening of the home was expected to be held this month. The 36-bed structure is adjacent to the Institute and was financed with funds raised in the Conquer Cancer Campaign. It was built to provide for patients unable to commute for treatment at the Institute.

* * * *

VICTORIA. Plans for an eight-bed wing to be added to the Royal Jubilee Hospital's psychiatric ward were announced recently. The addition will cost about $25,000. Whittaker and Wagg of Victoria are the architects. The psychiatric ward is used for treatment of short-term patients only.

Lodge for Paralytics Opens New Wing

Lyndhurst Lodge, Toronto, a treatment centre for those suffering from paraplegia, quadriplegia, and poliomyelitis, recently added a new 24-bed wing to its facilities. The addition cost $150,000 and was officially opened in October. A one-storey structure, it was designed to give patients as much independence as possible and help them on the way to rehabilitation. The Lodge now has a total of 65 beds.

The hospital was first opened in 1945 as a centre for veterans who had been injured with resulting paralysis. Five years later, with most of these cases taken care of, it was purchased by the Canadian Paraplegic Association and began to accept civilian paralytics for treatment.

Short-Stay Homes for England's Aged

The latest development in the care of the aged in England is the short-stay home for persons over 60 years of age. These senior citizens may go there for a holiday, to convalesce, or to give relatives time for a holiday.

At present there are only three such homes in existence, but the idea is catching on, Mrs. Jeannette Tarleton, head of the Old Peoples Section, Civilian Welfare Department of the British Red Cross, reported recently. The older person can and should be a valued member of the community, she said, and it is up to the Red Cross and other organizations to find the best way of keeping them in the community.

Day clubs where old people can go for a daily meal and a visit and geriatric units where they are encouraged toward rehabilitation in the community are further developments in care of the aged in England.

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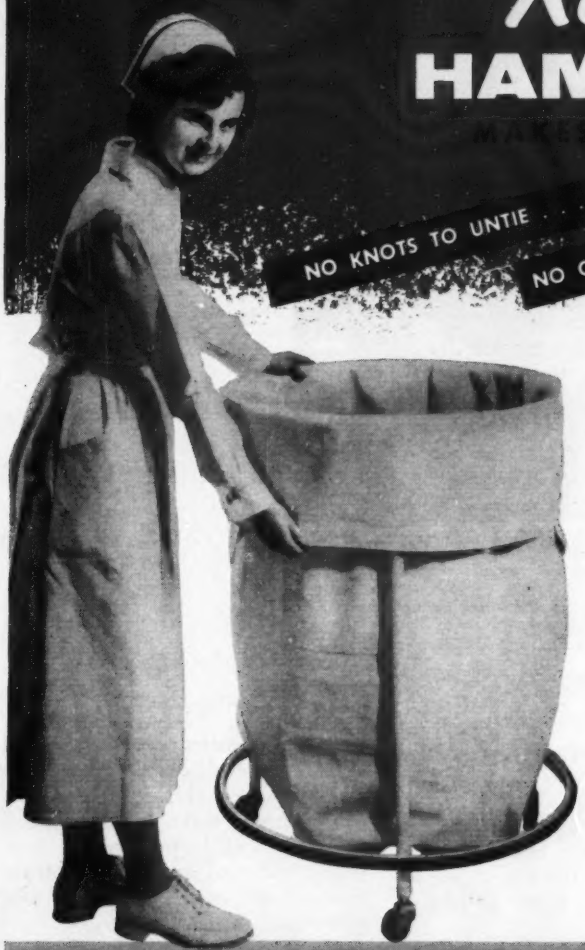

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Looking over literature concerning preparation for disaster planning are, left to right: Dr. Faustina Kelly Cook and Mrs. George Hartman, representing the Sudbury district civil defence organization; Murray Ross, assistant director of the Canadian Hospital Association, Toronto; Sister Patricia, administrator, Sudbury General Hospital; Sister Ste. Philippe, mother superior, St. Joseph's Hospital, Sudbury; Ted Smyth, Sudbury district civil defence director; and R. J. Long, administrator, North Bay Civic Hospital, North Bay, Ont.

O.H.A. Regional Council Meets in Sudbury

CLOSE TO 100 representatives from the Ontario Hospital Association's central region No. 11, comprising 17 hospitals in the North Bay-Sudbury-Sault Ste. Marie area, were in attendance at the fall meeting convened in Sudbury on September 29th. The perils of hard-rock mining and the glare and smoke of smelters seemed far removed as the hospital folk of the area gathered in the beautiful surroundings of the still-new Sudbury General Hospital, under the chairmanship of Robert J. Long of North Bay.

The invocation was pronounced by Rev. Father P. B. Hussey of Sudbury, and delegates were welcomed to Sudbury in general and, in particular, to the General Hospital, by P. J. McAndrew, vice-president of the advisory board.

Doris Montalbetti, dietitian of St. Joseph's Hospital, North Bay, spoke in a delightfully humorous and non-technical fashion of events which go to make up a busy dietitian's day. The title of her paper, "Onions in the Stew", she borrowed from authoress Betty MacDonald. It was delicious, too. Chairman Bob Long thanked Miss Monalbetti for her address and for her courtesy in fulfilling her engagement to speak even on the eve of her departure to take up a new position in Alberta.

The development of the extension courses in hospital organization and management and for training medical record librarians, and the objectives of the Canadian Hospital Association in the field of education and training, were described by Murray Ross, assistant director of that association. Protection from radiation and the training of x-ray technicians comprised the subject of a paper presented by B. A. Griffin of St. Joseph's General Hospital, North Bay, and chairman of the northern section, Ontario Society of Radiographers.

Mrs. George Hartman, representing the Sudbury district civil defence organization, and Ted Smyth, C.D. director, spoke on civil defence and disaster planning in relation to hospitals. The speakers emphasized the need for hospital preparednes in meeting local disasters, and posed a list of questions, the answers to all of which would need to be known before a hospital's disaster plan could be said to be completed. No answers to the questions were proposed. Rather, it was suggested that the answers must be supplied by hospital people themselves, while any assistance which the civil defence organization could provide would be gladly given.

The final session of the meeting consisted of a general question and answer period. Following adjournment, the group made a tour of the new Sudbury Memorial Hospital, scheduled to open later in the year, under the leadership of C. E. Evans, the administrator, and members of his staff.

—M. W. R.

Discipline

In a hospital as in the fighting services discipline is a protection. It is needed to prevent unnecessary casualties. If from carelessness or want of discipline a disastrous mishap occurs in the wards or in the operating theatre, the responsibility that lies upon the culprit is great and terrible. It is the realisation of this obvious truth that has made every nurse recognise that discipline is far from being a hardship and is necessary for her own sake.—*H. C. Cameron, in "Mr. Guy's Hospital."*

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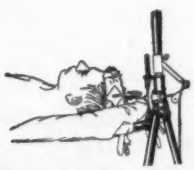

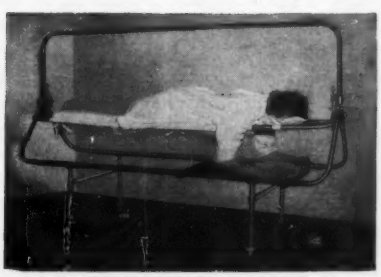

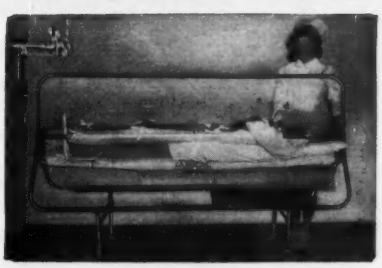

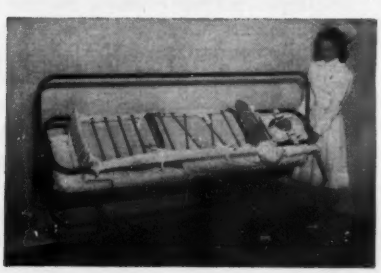

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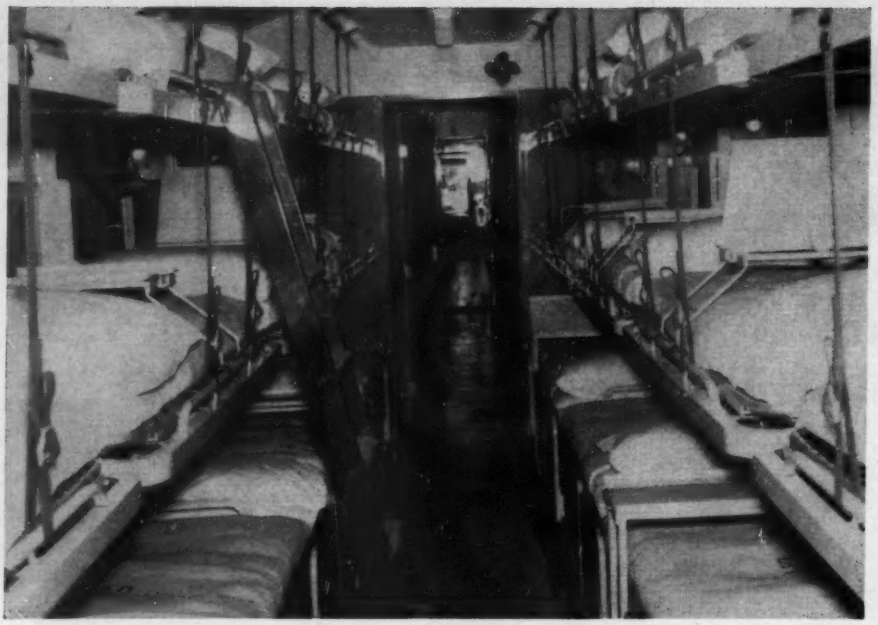

A portion of one of the cars in the hospital train which was on display at the A.H.A. convention. The specially designed triple tier berths may be converted to seats similar to those of a standard pullman car.—Photo by Tom Wells.

U.S. Army Medical Service

Improved Ambulance Railway Cars

AMBULANCE railway cars were on display for convention delegates to view at the American Hospital Association convention, held in Atlantic City, N.J., in September. Each car can accommodate 27 patients, six medical attendants, one physician and one nurse. The six berths, normally used for medical attendants, can be converted for patients, thus increasing the potential patient bed capacity to 33.

Each railway car has a kitchen and a nurse's station. The small, stainless steel kitchen is equipped with a built-in refrigerator with a storage compartment for frozen foods. Two 100-gallon hot water tanks, heated by immersion-type heating coils, provide ample hot water for all needs. Water for rinsing and washing dishes is also available.

The nurse's station, which is located in the centre of each car, is equipped with a small desk for keeping clinical records, a master receiving station for patients' call system, and a sink and sterilizer for cleaning utensils. A medicine cabinet and a combination-type narcotics safe is also included. Three separately curtained berths immediately adjacent to the nurse's station are for seriously ill patients. The inter-communication system for inter-car calls can be used for telephone calls when the train is in a station or on a rail siding.

The specially-designed triple tier berths may be converted to seats similar to those of a standard pullman car. This arrangement permits ambulatory patients to be seated during the day and engage in normal social activities. Each berth is equipped with an adjustable night light, a tray with cut-outs to hold a wash basin, soap and water glass. Another feature of these berths is the movable holder for trays, books, or magazines.

Two 30-kilowatt, diesel generators in each car provide sufficient power for lighting, cooking, and air conditioning if it is necessary for the car to stand idle on sidings. This particular feature of the unit would allow the moving patient-care unit to be used as a temporary hospital or transfer station in the event of disaster. The completely air-conditioned car features shatter-proof glass and hermetically sealed windows. The concrete floors are covered with asbestos tile, which provides a smooth floor cushioning. Each hospital car, when detached from the ambulance train, is a self-contained unit and can be readily adapted for regular passenger train service.

During World War II, 63 ambulance railway units performed record service in combat duty in the number of miles covered and the speedy transfer of soldier-patients out of major combat areas to hospitals behind the lines. As a result of this experience, it was determined that a new type of ambulance car should be planned for use in future mobilization. Plans for the improved railway hospital units were barely under way when it was necessary to ship these World War II hospitals-on-wheels to Korea. Construction of the new improved cars, however, was not dropped; today 63 railway car units have been developed and delivered for army medical service use.

Disaster Planning

(Concluded from page 35)

could be used to supplement the resources in a reception community or act as an independent unit to deal with casualty cases. However, it must be emphasized that planning for peacetime disasters will make it possible for personnel so trained to fit in readily with this improvised program. Therefore, anything that is accomplished for ordinary civil disaster will be of the utmost value if we are faced with the tremendous problem of re-locating our health resources and providing for mass casualty care in case of war emergency. ●

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A.H.A. Convention

"for better health"

SOME 2,000 persons attended the opening session of the 57th annual convention of the American Hospital Association, held in Atlantic City, N.J., from Sept. 19th to 22nd. During the four-day program time was allotted to general and concurrent sessions, round table discussions, and a host of special activities designed to cement the common bonds of hospital people everywhere. Meeting concurrently were the American College of Hospital Administrators, American Association of Nurse Anesthetists, American Association for Hospital Planning, American Association of Hospital Consultants, and the Hospital Auxiliaries Conference.

This year's theme, "Working Together for Better Health", was geared to the expanding relationship between today's hospital and a quickening world. The program explored the interactions necessary in the modern hospital to maintain co-operation with physicians, government, allied groups, and the community. General sessions dealt with: the historical background of certain problems affecting hospitals, linking them with current relationships; the status of hospital finance and prepayment; and the wide-range program of the American Hospital Association in co-ordinating activities in the health field.

Concurrent sessions examined important relationships between the A.H.A. and allied groups devoted to improved research, better planning, and hospital design, with the role of hospitals in civil defence, and with relationships between hospitals and physicians. Nearly 100 round table discussions, an innovation this year, were held to explore problems in more intimate detail. Here delegates were able to participate actively in diagnosing trouble spots and prescribing cures.

At the opening session on Monday the topic chosen for discussion was "The Hospital and the Community". Featured speakers were: Philip M. Hauser, director of the University of Chicago's Population Research and Training Centre; Ernest Dichter, Ph.D., president, Institute for Motivational Research, Inc.; Frank R. Bradley, M.D., president of the A.H.A.; and Elmer Hess, M.D., president, American Medical Association. Ray E. Brown, A.H.A. president-elect, was moderator.

Speakers at the general session on Tuesday agreed that the prepayment problems of tomorrow can be solved without government direction. Tributes were paid to Blue Cross' 25 years of progress. Speakers on the theme "The Hospital and Blue Cross" included Allen D. Marshall, vice-president of the General Dynamics Corporation; A. J. Hayes, president of the International Association of Machinists; James E. Stuart, executive director of the Hospital Care Corporation, Cincinnati (Blue Cross); and Dr. Madison B. Brown, executive vice-president of Philadelphia's Hahnemann Medical College and Hospital. Ritz E. Heerman, past president of the American Hospital Association, presided.

Dr. Madison B. Brown, on this the silver anniversary of Blue Cross, indicated that "a substantial foundation for the future has been laid and on this basis should be built the solutions for future health needs of the public at large". These needs, he said, include extended health care for long-term illness, convalescent care, diagnostic service and home nursing, as well as facilities for positive health, *i.e.*, the care of the well population. He contended that failure to recognize hospitals as the logical agencies to provide both in-patient and out-patient care "will only delay the successful solution of the medical care problem".

In regard to abuse of Blue Cross privileges, Allen D. Marshall asserted that new methods must be devised to check over-utilization by doctor, hospital, and patient. "We must not try to make the dis-incentive so strong as to discourage early treatment of symptoms", he warned, "but we must also remember that money saved by discouraging malingering is money available for better coverage of the deserving". A. J. Hayes pointed out that "we should stop emphasizing the high cost of neglected health and devote our efforts to a system of prepayment which will prevent illness or at least nip it in the bud".

"Blue Cross objectives are even more important today than they were 20

Greeting delegates and guests at a reception held during the A.H.A. Convention are, left to right: Mrs. Gilbert Turner, Dr. J. Gilbert Turner, Montreal, president of the Canadian Hospital Association who is a trustee of the A.H.A., Mrs. Ray E. Brown, and Ray E. Brown, incoming president of the A.H.A.


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Among the Canadians in attendance at the A.H.A. convention were, front row, left to right: Mrs. J. E. Robinson, Winnipeg, Man.; Mrs. Walter Hatch, Kitchener, Ont.; and Mrs. Brock Payne, Brantford, Ont. Back row, left to right: Walter Hatch, administrator, Kitchener-Waterloo Hospital, Kitchener, Ont.; J. E. Robinson, superintendent Children's Hospital, Win. ipeg, Man.; and Brock Payne, administrator, Brantford General Hospital, Brantford, Ont.

years ago", stated James E. Stuart. "The stakes are higher — costs have doubled and tripled and still must go up". Rates must not get beyond the reach of the ordinary working man, he declared. Unless a service contract can be developed voluntarily which prevents faulty use, he said, "the point of diminishing returns is not only foreseeable but it is unavoidable."

Health Principles Approved

During the meeting, the A.H.A. House of Delegates approved guiding principles for developing health legislation for three major groups of people — the needy, the aged, and dependents of servicemen. The principles relating to health services for the needy resemble in many respects the federal grant-in-aid principles under which the Hill-Burton Hospital Survey and Construction Act has been operating since its passage in 1946. To be eligible for such assistance, a person would have to be on the public assistance rolls of his state. Federal funds would be granted to a single state agency. This agency might arrange for coverage for the needy through non-profit voluntary health insurance or it might instead have such non-profit health insurance organizations act as administrative agencies, to be reimbursed for the cost of health services rendered and for administration.

Any such federal grant-in-aid program would provide that federal funds matched by the states should also provide for matching by the political subdivisions of the states, to the extent possible. The percentage of federal participation, on a matching basis, would vary from 33⅓ to 75 with the wealth of the state. The Surgeon General of the Public Health Service would administer the program.

Health insurance would also be the key to providing health care for the aged. Because of excessive utilization by elderly persons, voluntary health insurance organizations cannot absorb, at usual subscription rates, the aged persons not now enrolled. The approach suggested in the principles would be through helping the states to enable voluntary health insurance to cover such persons at the same rates as are charged to other persons. The cost of covering aged persons under non-profit health insurance would be divided between the federal and state governments, the voluntary plans, and the individuals to be benefitted. Federal and state funds would pay substantially the whole cost of excess utilization by the aged. The aged persons would pay the same subscription charges as younger non-group subscribers.

Hospital Consultants

The American Association of Hospital Consultants, meeting in conjunction with the A.H.A., held a two-day conference. This year's professional

(Concluded on page 102)

At the A.H.A. convention were, left to right: Paul Shannon, Montreal, P.Q.; Charles Roswell, New York, N.Y.; Judge J. M. George, Morden, Man.; E. L. Casey, Saskatoon, Sask.; Murray Ross, Toronto; Ronald Jydstrup, Chicago; and Dr. Ernest Boettcher, Toronto.

Halifax setting for annual meeting of

Canadian Association of Medical Record Librarians

Doris McPherson

THE 21st convention of the Canadian Association of Medical Record Librarians was held in Halifax, N.S., from September 27th to 29th. Sessions were held at the Victoria General Hospital and began on the morning of September 27th with Sister Margaret Clare, president of the association, in the chair.

The invocation was given by His Excellency, the Most Reverend J. G. Berry, D.D., Archibishop of Halifax, and His Excellency warmly welcomed the members to the city. Greetings were extended by the Honourable Geoffrey Stevens, Minister of Health, on behalf of the Province of Nova Scotia; Dr. C. M. Bethune, administrator of the Victoria General Hospital, extended good wishes; and Dr. Clarence Goss spoke on behalf of the Halifax Medical Association. Messages of good wishes from Helen McGuire, president of the American Association of Medical Record Librarians and from Elsie Royle, Association of Medical Record Officers of England, were read by Sister Margaret Clare who then welcomed the members officially.

The sessions opened with a symposium on medical records in which Sister M. Evarista, St. Joseph's Hospital, Saint John, N.B., Sister M. Loretto, Charottetown Hospital, P.E.I., and Mrs. M. MacGillivray, City of Sydney Hospital, Sydney, N.S., took part. Aspects of securing, preservation, and problems concerning medical records in relationship to accreditation were discussed.

At a luncheon given by the City of Halifax, Mayor Leonard A. Kitz presided. R. A. Donahue, M.L.A., member for Halifax South, spoke briefly on the necessity of an interest in politics on the part of responsible citizens.

Elizabeth Wright, Toronto, presided at the afternoon session. Dr. Harold Tucker, neurosurgical staff, Victoria General Hospital, discussed the importance of medical records from the standpoint of neurosurgery. Dr. L. C. Steeves, Associate Professor of Medicine, Dalhousie University, reviewed the value to physicians of the *Standard Nomenclature of Diseases and Operations.*

Further hospitality was evidenced as the members were transported to the Halifax Infirmary for tea and a tour of the hospital.

An evening meeting was held at the Halifax Children's Hospital. Dr. W. D. Piercey of the Canadian Hospital Association addressed the gathering concerning the extension course for training medical record librarians and its assistance to the Canadian Association of Medical Record Librarians.

Mrs. Gladys White, Victoria General Hospital, was chairman of the morning session on September 28th. Dr. B. K. Coady, Victoria General Hospital,

Shown above, left to right, are convention chairman, Mrs. Gladys White, Halifax; newly elected president, Mrs. Ruth Melby, New Westminster, B.C.; convention adviser, Miss Carmel White, Halifax; and retiring president, Sister Margaret Clare, Halifax Infirmary. Photo—Halifax Herald.

discussed the anatomy of the knee joint and medical meniscectomy. Dr. F. A. Dunsworth, Dalhousie University, reviewed the categories of mental illness, generally, and those which affect children in particular.

In the afternoon, members were guests of the Acadian Bus Lines and were conducted about the city of Halifax to see the many points of interest of this historic city. A harbour cruise on a ship of the Royal Canadian Navy was also enjoyed.

At the evening session, Sister Catherine Gerard, administrator of Halifax Infirmary, was chairman of a panel discussion on medical records in which an administrator, a physician, a lawyer, a nurse, and a medical record librarian took part. F. H. Silversides, administrator of the Halifax Children's Hospital, emphasized the importance of statistics and inter-departmental relationships; Dr. G. Black, Camp Hill Hospital, pointed out that research and advances in medicine were based on statistics and recorded material; R. Downie, L.L.B., Halifax, discussed the legal aspect of medical records; Miss L. Grady, of the nursing education staff, Halifax Infirmary, discussed the manner in which medical records are used by different categories of nurses and the value of records to them; Doris McPherson, Canadian Hospital Association, reminded the gathering that the data in the medical section of a record was the physician's responsibility and that the content of this section had long been established by medical authorities.

Elizabeth Bowers, Truro, N.S. presided at the Thursday morning session. Dr. C. J. W. Beckwith, medical superintendent, Halifax Tuberculosis Hospital, discussed medical records in relation to the tuberculosis hospital. Dr. Beckwith reviewed generally the present treatment of the tuberculosis patient and an interesting question and answer period followed. Dr. J. K. Gray, pathologist, Halifax Infirmary, changed the title of his talk from "The Many Ways in which Medical Records Could Be Used by Doctors" to "Recorders and Undertakers". He spoke amusingly but pointedly on the need for co-operative librarians and available records. Accreditation with reference to medical records was discussed by Dr. W. D. Piercey, who also invited and answered questions relating to this subject.

The afternoon session was devoted to business of the association with the president, Sister Margaret Clare, in the chair. The minutes of the previous annual meeting were adopted. Reports concerning the training schools, registration, membership, finance, nominations, and on the extension course for training medical record librarians, were read and adopted. Sister Margaret Clare reviewed her year in office. In the new business which followed, Margaret Heenan, Saint John, N.B., was elected to the office of president-elect. A pledge for members of the Canadian Association of Medical Record Librarians, which has been under study during the past year, was adopted. It was the unanimous decision of the members that life memberships should be given to the founders of the association. The need of a centrally located office and of a paid worker to carry on the detail of association work was pointed out by the president. It was decided that a committee to study the problem should be appointed by the president and the committee would report to the members at the next annual meeting.

Camp Hill Hospital was the setting for a tea which was followed by a tour of the hospital. A final gesture of hospitality was a dinner given by the Province of Nova Scotia, with Hon. Geoffrey Stevens acting as host. At the conclusion of the dinner, Mrs. Ruth Melby, New Westminster, B.C., received the symbols of the presidency from Sister Margaret Clare, the retiring president. A presentation was made to Sister Margaret Clare by Mrs. Gladys White, secretary, on behalf of the association.

"Tired but happy" could describe the members as they departed for home following this convention. The tradition of Maritime hospitality was surely never more in evidence. Finally, everyone who attended will wish to have expressed again here sincere gratitude to those who contributed to the success of this annual meeting.

Officers 1955-56

President: Mrs. Ruth Melby, New Westminster, B.C.

President-elect: Margaret Heenan, Saint John, N.B.

First Vice-president: Lillian McNee, Vancouver, B.C.

Second Vice-president: Laurie Ann Barclay, Port Arthur, Ont.

Secretary: Mrs. Elizabeth McBride, Vancouver, B.C.

Treasurer: Margaret Waines, Toronto, Ont.

Councillors: Sister Margaret Clare, Halifax, N.S.; Sister Kathleen Keevil, Kingston, Ont.; and Elizabeth Mills, Marjorie Riddell, Mrs. Lillian Mayor, and Frances Lindenfield all of Toronto, Ont.

B.C. Convention

(Concluded from page 44)

attendance and seven new hospital auxiliaries admitted to membership during the year.

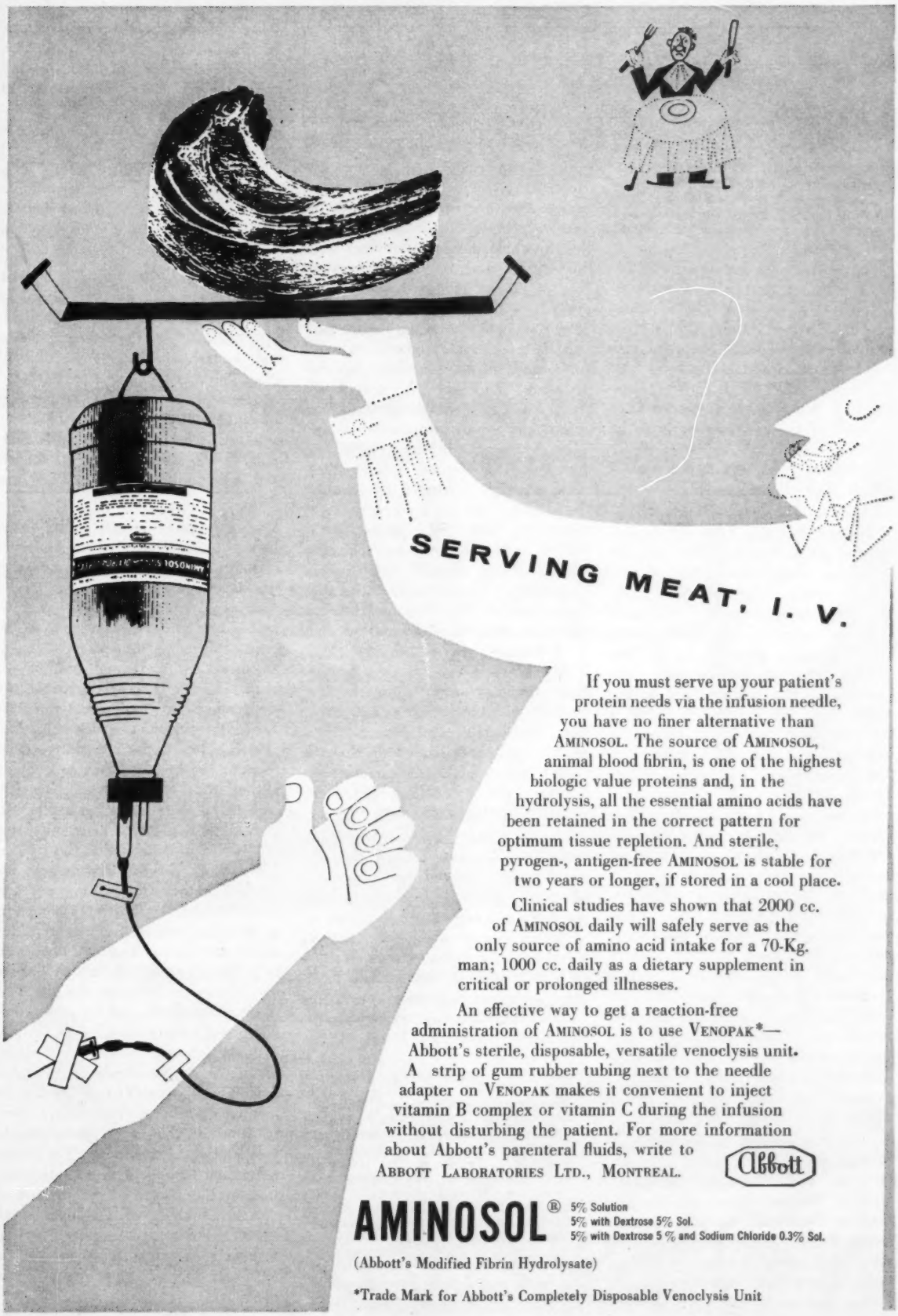
Dr. J. Gilbert Turner spoke on "Certain Aspects of Hospital Administration". He stressed the team approach to the problem of hospital administration. In the speaker's opinion the hospital administrator was more of a co-ordinator than a dominator. Three things were essential if the adminstrator was to be successful. The ability to lead, the ability to direct and a desire to work. Among the qualifications needed by a successful hospital administrator, mentioned by the speaker, were social understanding, tact and courtesy, and an ability to keep his trustees informed. Dr. Turner said that many of the misunderstandings which arise in hospitals between the board, the medical staff, and the administration would not arise if every hospital had a joint conference committee.

Sessions on Friday included regional council reports, divisional reports, resolutions (see page 92) and the election of officers for the ensuing year. In addition, Dr. T. D. Stoat, Medical Director of the Red Cross Blood Service of British Columbia, reviewed the society's work with hospitals in the province.

The British Columbia Hospitals' Association is fortunate in having very active regional councils. All regions reported on their activities at the convention. Reports were presented from the Fraser Valley, East Kootenay, West Kootenay, Lower Mainland, North West Region, North East Region, Okanagan, and Vancouver Island.

The following officers were elected: Honorary President, Hon. Eric Martin, Minister of Health and Welfare; Immediate Past President, Harvey Taylor, Port Alberni; President, A. J. Abrahamson, Revelstoke; 1st Vice-president, L. F. C. Kirby, New Westminster; 2nd Vice-president, Harry Slade, Powell River.

Well over 500 delegates attended the convention, an all-time record. Some 46 exhibitors were also represented. •



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Book Reviews

PRINCIPLES AND TECHNIQUES OF PSYCHIATRIC NURSING. By Madelene Elliott Ingram, R.N. Fourth edition. Illustrated. Pp. 529. Price, $4.75. Published by W. B. Saunders Company, Philadelphia and London, 1955.

The author, Madelene Elliott Ingram, R.N., was formerly on the nursing staffs of Colorado Psychopathic Hospital, Denver, Colo:; Butler Hospital, Providence, R.I., Sheppard and Enoch Pratt Hospital, Towson, Md. She served with the U.S. Air Corps and U.S. Army Nurse Corps, was on the staff of the graduate program in psychiatric nursing, Adelphi College, Long Island, N.Y., and is now a consultant in psychiatric nursing.

Changing concepts, changing techniques and changing times call for the revision of text-books. The growing awareness of the importance of psychiatric nursing, the increasing number of mental institutions and general hospitals operating psychiatric units are all focusing attention on this important phase of nursing care. The author, in her preface, points out rightly that the psychiatric nurse is the one upon whom the patient is still dependent and to whom all other psychiatric staff members, professional and non-professional, turn concontinually for assistance. The author believes that there is a great need for psychiatric nurses to become more aware of the importance they already have and to refine their techniques for fulfilling their task. She states that those acquainted with the former text will find much of it familiar in this fourth edition. Material relating to customs has been modernized and considerably more emphasis has been placed on cultural components. The fourth edition has six units placed in such sequence as to allow a continuous expansion of knowledge pertinent to psychiatric nursing.

Unit 1 is devoted to the historical background of treatment of the mentally ill, and consists of 22 pages. Unit 2, "Patient, Nurse and the Immediate Situation", contains chapters on approach, personal hygiene, personal property, feeding problems, hazards, admission, transfer and discharge, management of active patients, group management, a chapter on "Increasing Patients' Self-direction" and another on treatments. Unit 2 is thus devoted to the immediate situation in which nursing personnel have to function and indicates the interplay of human relationships that are affected by the so-called "routines" of daily living. Unit 3 is devoted to psychiatric theory and treatment and contains chapters on behaviour, mental disorders, and specific psychiatric treatments. It presents generally accepted and useful information on behaviour and psychiatric theory and descriptions of the very specific treatment currently instituted by psychiatrists. Unit 4 covers therapeutic techniques for relating the patient to the culture, with chapters on the arts, education and physical activities in treatment; occupational therapy; drama and music in treatment; recreation as treatment; and chapters on bibliotherapy and hydrotherapy. Unit 5 is concerned with nursing adaptations for psychiatric situations and contains chapters on charting, night duty, nursing in the services, legal aspects and travelling with patients. Unit 6 is a brief discussion of useful guidance and counselling techniques for both children and adults.

The book contains a six-page glossary of psychiatric terms and an index of 28 pages. Each chapter contains a summary outline, a problem section, questions and suggested references, all of which greatly enhance its value as a text-book for student nurses. Written in a very readable style, it will be of great assistance to other groups in the hospital who are concerned with the psychiatric patient. — *W. D. P.*

PERINATAL MORTALITY IN NEW YORK CITY. A study of 955 deaths by the Subcommittee On Neonatal Mortality, Committee on Public Health Relations, New York Academy of Medicine, Analyzed and Reported by Schuyler G. Kohl, M.D., Dr. P. H. Pp. 112. Price, $2.75. Published for The Commonwealth Fund by Harvard University Press, Cambridge, Mass. Published in Canada by S. J. Reginald Saunders and Company Limited, Toronto 1, Ontario, 1955.

"Perinatal mortality" is a relatively new term and an inclusive one covering both stillbirths and neonatal deaths. The volume under review contains the report of the second and final phase of an intensive study of infant mortality in New York City undertaken in 1948 by the Committee on Public Health Relations of the New York Academy of Medicine. The first part of the study dealt with hospital facilities for infant and maternal care, a report of which was published in 1952 under the title *Infant and Maternal Care in New York City.*

In the fall of 1949 a subcommittee on neonatal mortality was appointed by the Committee on Public Health Relations to investigate the perinatal deaths that occurred in New York City in 1950. The subcommittee was instructed to determine as accurately as possible the number of deaths which with better care might have been prevented. Actually the investigation was prolonged well into 1951 and the findings are contained in this volume.

Chapter I examines the nature of the data as representative of the perinatal mortality in New York City in many aspects—by weight at birth, age at death, colour and sex of the infants, by age and parity of the mothers, by month of death, by place of birth (home or hospital) and borough of birth. Chapter II sets forth the panel's judgment as to the preventability of the deaths studied and the factors responsible for them, particularly errors in management which may be avoided in the future. The quality of obstetrical care is subjected to critical analysis in Chapter III. The type of hospital, the number of prenatal visits, the type of professional service given, and the place of death are taken into consideration. In Chapter IV the author turns to characteristics of the mothers which might have played a part in the deaths of their infants. Such factors include age, number of previous children, past obstetrical history, and the presence or absence of toxemia at delivery. Chapter V looks into the possible role of analgesia and anaesthesia in perinatal mortality. Chapter VI is devoted to the method of delivery, including a classification of the deaths according to presentation of the infant. The author points out that for a better interpretation of the effects of the method of delivery a study of a sample of all births in the city, not merely of deaths, would be required. Chapter VII records the time of death of the infants

(Concluded on page 86)

and its relation to preventability.

Perhaps the most important section of the book is Chapter VIII, which deals with the causes of death. In it the author shows how it was necessary to compare and at times to reconcile three sources of information in order to arrive at true causes of death. He discusses in detail the lack of agreement often found among the three sources. He has also analyzed the causes found as they relate to the type of professional service. Chapter IX summarizes the findings of the study, set forth in 24 points. Finally, the author offers a number of suggestions that may be of value to the future investigator in the preparation of similar studies.

Despite a reduction, over the past few years, in the national death rate of children under a year, the death rate of newborn infants in the United States has remained almost stationary. The facts brought to light in the study will be of major importance across the nation.

This study shows that one third of these infants died because of shortcomings in their care or for lack of the best possible care. The data have been examined in respect to intercurrent disease and complications of pregnancy; the amount of medical care before and after delivery; the quality of medical care in delivery and negligence or ill-judged actions by the family. The study has implications for the improvement of these factors.

Three categories of physicians cared for the mothers and infants: hospital staffs, obstetricians, and other physicians. Considering all deaths, the house staffs were associated with the greatest number of preventable deaths and the obstetricians with the lowest number. Among types of hospitals, the report shows that the fewest preventable deaths occurred in voluntary teaching hospitals, the largest number is non-teaching municipal hospitals. For both these findings the reasons are to be found in the text. Toxemias of pregnancy are reported to have occurred in the mothers of 16 per cent of the infants in this study. This complication was most frequent among those whose babies were born dead. In the opinion of the Subcommittee on Neonatal Mortality, about half of that group could have been saved. High mortality was associated with births in which some type of operation or manipulation had been performed, the report indicates. In particular, the committee considered that 40 per cent of the deaths associated with Caesarean operations could have been prevented by wiser use of the procedure.

Such findings as these will be of great interest to physicians in general and to obstetricians and paediatricians in particular, to departments of health, to medical schools and schools of social service and to hospitals.

For this second report, the preliminary analysis of the deaths was carried out by a special staff of physicians and nurses under the direction of Dr. N. Chandler Foot, Emeritus Professor of Surgical Pathology, Cornell University Medical College, and the final analysis and the report were prepared by Dr. Schuyler G. Kohl, Associate Professor of Obstetrics and Gynaecology, State University of New York College of Medicine at New York City. The entire task was done under the guidance of the Subcommittee on Neonatal Mortality of which Dr. S. Z. Levine, Professor of Paediatrics, Cornell University Medical College, was chairman. Panels of specialists representing this subcommittee reviewed the findings throughout the study.

TEXTBOOK OF PHARMACOLOGY AND THERAPEUTICS. By Harold N. Wright, M.S., Ph.D., and Mildred Montag, Ed.D., R.N. Sixth edition. Illustrated. Pp. 557. Published by W. B. Saunders Company, Philidelphia and London, 1955.

This is the sixth edition of the Textbook of Pharmacology and Therapeutics which was first published in 1939. In their preface to this edition, the authors point out that because the flow of new drugs continues unabated, in the course of three or four years any book dealing with drugs and their uses needs to be brought up to date. Besides revision there has also been a major rearrangement of the contents and additions, including information on 30 new drugs. Four chapters appear for the first time—a survey of the most important industrial poison hazards; the major federal and state legislation in regard to drugs, a brief account of the main features of the historical development of pharmacology, and an appendix on Canadian drug legislation. This appendix was prepared by Charles W. Nash, B.Sc., Ph.D., Associate Professor of Pharmacology, Faculty of Medicine, University of Alberta, Edmonton, and will increase the book's interest for Canadians.

Handbook of Canadian Societies

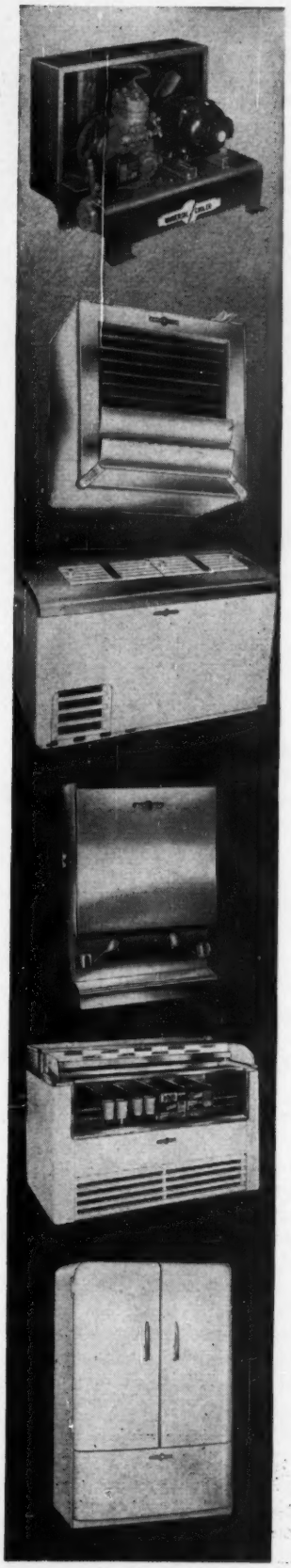
The sixth edition of the *Handbook of Scientific and Technical Societies of Canada* is now available. Compiled by the public relations branch of the National Research Council, Ottawa, it is reprinted from publication 369 of the National Academy of Sciences—National Research Council of the United States entitled *Handbook of Scientific and Technical Societies of the United States and Canada*, sixth edition. The handbook contains the names of the executive officers, history, purpose, et cetera, of various scientific and technical societies and institutions of Canada. Copies may be obtained, at 50 cents each, from the National Research Council, Ottawa.

News Media and Hospitals

The Ontario Hospital Association, after a two-year study in which it had the co-operation of the Ontario Medical Association, published this year a procedure guide for hospitals, press, radio, and television in their relations with each other, entitled, *Two Sides to Every Story*. The end result of questionnaires, round-table discussion, research and meetings, the booklet suggests definite rules for administrators in the dissemination of news items and gives the newsman a guide in his method of approach to the hospital.

"The News Room Side" points out the pressures on a reporter or newscaster working against time, and the frustrations which often beset him from an unco-operative hospital. "The Hospital Side" mentions the restrictions of the Public Hospitals Act, the busy emergency department, the wishes of patient or relatives, the need of first informing the next of kin of accident victims, the ethics and reputation of the attending physician. The need is urged for a definite authorized contact within the hospital for the newsman — someone known by the switchboard operator — who will follow a consistent and sensible policy in releasing information. Typed releases are suggested for monthly statistics, descriptions of new equipment, and hospital activities.

The guide rules in this valuable little publication should, if heeded by hospital personnel and newsmen alike, provide a workable basis for excellent relations between two important public services too often "at odds" each with the other.



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Notes About People

(Concluded from page 22)

Michigan in 1928. He was awarded an honorary doctorate in science by Tufts College in 1943, and an honorary doctorate of laws by Michigan State University this year. He has been a trustee of the W. K. Kellogg Foundation since 1936 and president and general director since 1943. He is a fellow of the American Public Health Association and of the American College of Dentists.

* * * *

New Appointment at Calgary General

Peter E. Swerhone has been appointed administrative assistant at the Calgary General Hospital, Calgary, Alta. Mr. Swerhone is a graduate of the University of Saskatchewan. In the fall of 1953, he enrolled in the post-graduate course in hospital administration at the University of Toronto, Toronto, taking his administrative residency at the Calgary General Hospital the following year.

* * * *

Ruth Cleland Appointed Assistant Director of Nursing

Ruth Cleland, Reg.N., formerly operating room supervisor at the Stratford General Hospital, Stratford, Ont., has been appointed assistant director of nursing at that hospital. Miss Cleland is a graduate of the Stratford General Hospital School of Nursing. She took post-graduate work at St. Michael's Hospital, Toronto, Ont., and a year's study in nursing education at the University of Toronto School of Nursing.

* * * *

Sister St. Stanislaus

An esteemed member of the nursing profession, Sister St. Stanislaus of Hotel Dieu Hospital, Chatham, N.B., died recently. In her early life, Sister St. Stanislaus taught high school. Later she entered the nursing profession and obtained a bachelor of science degree in nursing. Active in all nursing and hospital associations, she gave freely of her time and talent to improve conditions in her profession.

* * * *

Dr. R. J. Nixon Receives Appointment

Dr. Ronald D. Nixon has been appointed medical director of the Saint John Mental Health Clinic, Saint John, N.B. Dr. Nixon replaces Dr. Ora Smith who is on leave of absence to take post-graduate work in child psychiatry. Dr. Nixon is a native of Moncton, N.B., and attended Mount Allison University, Sackville, N.B., where he was graduated with a bachelor of arts degree. Later, he studied medicine at McGill University, Montreal, where he was graduated in 1950.

* * * *

Dr. Jules Gosselin

Dr. Jules Gosselin, prominent Canadian radiologist, died in Quebec, P.Q., recently at the age of 54. Dr. Gosselin was a fellow of the Royal College of Physicians and Surgeons of Canada, a fellow of the Radiology Faculty of London, vice-president of the Canadian Cancer Society, chief radiologist of St. Sacrement Hospital and Laval Hospital at Ste. Foy, P.Q., and a member of the faculty of Laval University. He was a past president of the Association of Radiologists of Quebec and a member of the Société Canadienne Française de l'Electroradiologie. Dr. Gosselin had received most of his training in France. At the time of his death, he was consultant in radiology for Department of Veterans Affairs Hospitals in Canada and was also on the Quebec Workmen's Compensation Board.

* * * *

Dean of Nursing Appointed

Florence M. Roach, R.R.C., B.Sc., Reg.N., R.R.L., has been appointed dean of the newly established department of nursing education at Assumption College, Windsor, Ont. Miss Roach is a graduate of St. Michael's Hospital, Toronto, the University of Toronto, and Seton Hall University, South Orange, N.J. She is a former superintendent of Oakville-Trafalgar Memorial Hospital, Oakville, Ont.

* * * *

A. H. J. Swencisky Honoured

The Department of Justice at Ottawa has announced the appointment of A. H. J. Swencisky, Vancouver, as a County Court Judge. Judge Swencisky is a past president of the British Columbia Hospitals' Association and was a delegate for several years to the biennial meetings of the Canadian Hospital Association. He has been very active in hospital and welfare work for many years and is chairman of the board of St. Paul's Hospital and Mount St. Joseph's Hospital in Vancouver.

• Gladys Erskine, formerly instructor of nursing at the Victoria Hospital, London, Ont., has been appointed assistant director, nursing education, at that hospital. She replaces Evelyn Hazlewood, who has retired after being a member of the faculty of the school of nursing for 29 years.

• W. B. Charles, M.D., F.R.C.P., has been named physician-in-chief of the Toronto East General Hospital, Toronto, Ont., succeeding Dr. C. D. Farquharson whose retirement became effective recently. R. A. Chaplin, M.D., L.A., L.A.C.A., the new anaesthetist-in-chief, succeeds Dr. W. E. Martin, who also retired recently.

• A. J. Mettler has been appointed office manager and accountant at the Greater Niagara General Hospital, Niagara Falls, Ont. He succeeds Don McCallum who recently went to New Liskeard and District General Hospital, New Liskeard, Ont., as business manager.

• Dr. H. F. Mowat of Sudbury, Ont., has been appointed chief of the medical staff at the new Sudbury Memorial Hospital, which is nearing completion.

• H. Rutherford has been appointed accountant at the Ross Memorial Hospital, Lindsay, Ont.

• Sister M. Kathleen, formerly of St. Joseph's Hospital, Guelph, Ont., is now accountant at the new St. Joseph's Hospital in Brantford, Ont.

• Among the three people selected recently by the Canadian Council of Christians and Jews to receive Brotherhood awards for this year were two men active in the health field. The Hon. Paul Martin, minister of national health and welfare, and O. B. Roger of Toronto were recipients. Mr. Roger is treasurer of the New Mount Sinai Hospital and is also a member of the board of directors of the Ontario Hospital Association.

You traverse the world in search of happiness, which is within reach of every man: a contented mind confers it on all.—*Horace*

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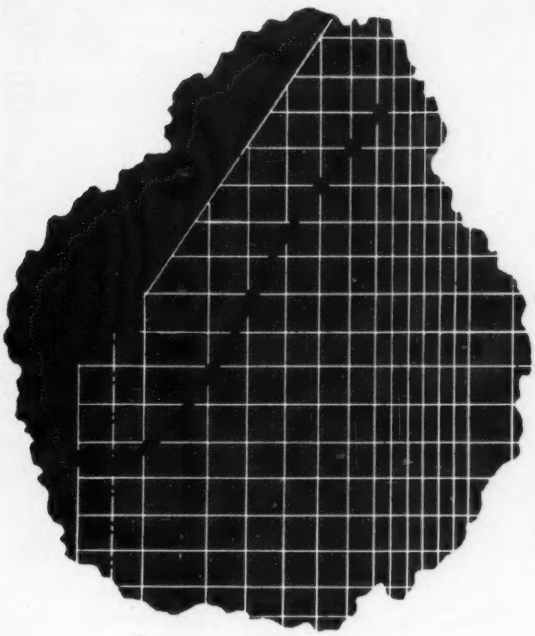

Typical growth curve of
S-M-A fed baby
Schematic Section on Wetzel Grid

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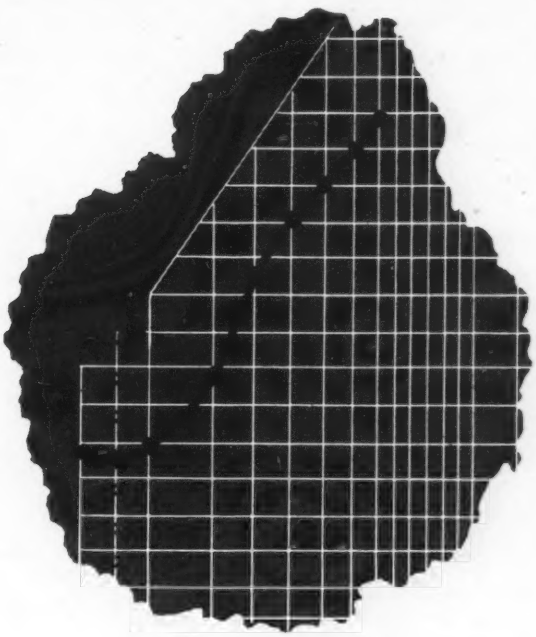

Typical growth curve of
breast fed baby
Schematic Section on Wetzel Grid

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Manitoba Convention

(Concluded from page 54)

tensive training of new employees for a particular position.

Frank R. Briggs, administrator, Abbott Hospital, Minneapolis, Minn., stated that the first step in a hospital public relations program is to set one's house in order as well as possible. The administrator cannot avoid being the centre of the program. He must initiate and activate others. The 1955 patient is intelligent and wants sensible explanations. Some hospitals fail because they start off trying to inform the general public instead of beginning with the patient. There is a distinct value in patient-opinion polls and a trustee survey committee should review reports received. One often hears the comment "If doctors just understood our problem". Mr. Briggs asked his audience how we can get the public to understand us if we cannot get our story across to a group who enter the institution's doors daily. Public relations is a job for the whole hospital but those departments which deal directly with the patient are especially important in a good public relations program, he said.

Thursday morning Dr. Athol R. Gordon, Deputy Provincial Coroner, presented a witty and instructive paper on "The Coroner—His Place in the Community". This was followed by a panel discussion, "The Hospital Team—Where Do We Fit In?", with Dr. Harry Coppinger, superintendent of the Winnipeg General Hospital, as moderator. Members of the panel were Dr. H. M. Coon, superintendent, University of Wisconsin Hospitals, Madison, Wis.; Dr. W. Douglas Piercey, executive director, Canadian Hospital Association, and Dr. Paul L'Heureux, medical director, St. Boniface Hospital, St. Boniface, Man.

Dr. Coon, as a trustee of the American Hospital Association, brought greetings on behalf of its president, Ray Brown, and of its executive director, Dr. Edwin Crosby. Dr. Coon outlined the part the trustee played in the hospital team. Trustees, he said, are the corporate entity of the institution. Their duty is to provide and maintain the physical plant and establish the general policies relating to financing, patient care and administration. It is imperative that the trustees are part of the community and understand its needs. One of their primary functions is the appointment of a qualified administrator.

Dr. Piercey outlined the responsibilities of the administrator as a member of the hospital team. The board delegates to the administrator the responsibility of translating its policies into the day-to-day operation of the hospital. As such he is responsible for all phases of hospital activities. One of his primary concerns is to see that there is an adequate medical staff organization. He has to give leadership and his function is one primarily of co-ordinating and integrating all departments of the institution.

Dr. L'Heureux in speaking of the doctor as a member of the team outlined the background training and work of the physician which by their very nature give him an individualistic approach to all matters. When he joins a hospital staff he must submerge his individuality and become team-conscious. The medical staff has to be well organized in order to carry out its own self government and discipline in the institution; and this requires also that they review and re-evaluate their own work. Dr. L'Heureux pointed out that the medical staff today is required to give much time to the medical administration of the hospital, to attend regularly staff meetings and committees— in other words they are asked to do innumerable chores for the good of the institution. In return the physician expects that he will have a safe place in which to work, with sufficient personnel available for the proper care of his patients, adequate equipment, and no undue interference with the time-honoured patient-doctor relationship—providing he meets the standards of work set by the staff themselves.

Thursday afternoon the final session of the Associated Hospitals of Manitoba saw an interesting and instructive panel on "Methods". J. M. McIntyre, administrator, Winnipeg Municipal Hospitals, was moderator; and panel members were Norman A. Brady, assistant director, The Prebyterian Hospital, Chicago, and Paul D. Shannon, C.A., comptroller, Royal Victoria Hospital, Montreal.

The first speaker outlined from his own experience the theory of method-improvement studies. In defining the area in which one might start, he said that in his own hospital the order had been rehabilitation of plant, the study of personnel, the orientation of departmental heads and then the study of a specific problem. It is important to keep the staff of the institution informed on what you are doing and patients are interested also. Mr. Shannon stated that the general application of the method system had application for both large and small hospitals. One must relate any improvement effected to money, in order to judge over-all progress. It is very important today that hospital administrators understand sound financial management. The speaker outlined the mechanics of setting up a methods-study committee and by the use of diagrams outlined how the committee would function.

John Gardner, incoming president, in closing the convention, thanked all who had made the conference such an outstanding success. All meetings had been exceptionally well attended and total registration was somewhat over 900.

B.C. Conference

(Concluded from page 56)

taken in developing and maintaining high standards in the entire hospital field, both in business administration and direct patient care."

Mother Mary Joan, superior general, St. Vincent's Convent, St. John, N.B.; Mother Madeline of the Sacred Heart, general superior, M.I.C., Montreal, and Mother Mary Luca of St. Ann's Academy, Victoria, mother provincial, S.S.A., attended the meeting.

The following officers were elected for the ensuing year:

President: Sister Mary Ruth, St. Vincent's Hospital, Vancouver.

1st Vice- President: Sister Ann of the Sacred Heart, St. Paul's Hospital, Vancouver.

2nd Vice-President: Sister Mary Alena, St. Joseph's Hospital, Victoria.

Secretary: Sister M. Canisius, St. Vincent's Hospital, Vancouver.

Treasurer: Sister Agnes Marie, St. Vincent's Hospital, Vancouver.

Councillors: Sister Justinien, St. Joseph's Hospital, Victoria; Sister Agatha of Jesus, Mt. St. Joseph's Hospital, Vancouver; Sister Jeanette, St. Joseph's Hospital, Comox; and Sister Mary Helena, Mater Misericordiae Hospital, Rossland.

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Resolutions

The following resolutions were passed unanimously by the British Columbia Hospitals' Association at their recent convention:

1. Resolved that the B.C. Hospitals' Association endorse the following resolution from the Hospital Auxiliaries Division and forward it to the Minister of Health and Welfare for consideration:

WHEREAS members of our Hospital Auxiliaries are interested in the welfare of hospital patients,

AND WHEREAS they find that a substantial number of aged patients are suffering from chronic illness or long term illness for which they are not covered by BCHIS,

AND WHEREAS some of these patients cannot go home and cannot pay the high rates in private nursing homes,

AND WHEREAS there is not adequate provision for their proper care,

NOW THEREFORE BE IT RESOLVED that the B.C. Hospitals' Association be asked to endorse this resolution and to request the Provincial Government to accept more responsibility for the lack of proper accommodation for these patients and be asked to take the initiative in seeing that more accommodation is made available for adequate care for persons suffering chronic or long term illness. (Hospital Auxiliaries)

2. WHEREAS over $250,000 is raised annually by the members of our Hospital Auxiliaries largely through entertainments and amusements organized by hospital auxiliary members,

AND WHEREAS this money is spent exclusively for the benefit of hospital patients,

NOW THEREFORE BE IT RESOLVED that the Provincial Government be requested to find ways and means of exempting Hospital Auxiliaries from having to collect and pay this amusement tax to the Provincial Government. (Hospital Auxiliaries)

3. WHEREAS under the present system of submitting resolutions to the Convention many Hospital Boards are not able to study and discuss such resolutions at their regular Board Meeting,

THEREFORE BE IT RESOLVED that at future Conventions all resolutions be submitted to the B.C. Hospitals' Association 45 days prior to the date of the Annual Convention thus allowing the Secretary time to forward to Hospital Boards a list of resolutions for their discussion, and if need be, direction to the voting delegate.

4. RESOLVED THAT the B.C. Hospitals' Association be requested to issue membership certificates to hospitals upon payment of their annual association dues.

5. RESOLVED THAT the B.C. Hospitals' Association appoint a committee to meet with the Registered Nurses' Association of B.C. with a view to recommending amendments to the policies followed in the recruitment of student nurses in order to increase the numbers recruited.

6. RESOLVED THAT the B.C. Hospitals' Association approach the Workman's Compensation Board with a view to the Board recognizing as a compensatable disability the staphylococcal infection occuring amongst hospital staffs.

7. WHEREAS there is a definite need for concerted effort in regard to public relations by the B.C. Hospitals' Association with the co-operation of the Regional Councils and individual hospitals,

THEREFORE BE IT RESOLVED that this Convention urge that each Regional and individual hospital render every assistance possible to enable the Association to develop an increased public relations program.

8. RESOLVED THAT OUR Association request Medical Services Association and other prepaid medical health schemes in B.C. to inform their members that their policy does not cover payment in full to a hospital for services rendered, and to advise their members what proportion of the hospital charges they do pay.

9. WHEREAS closer liaison between the Department of Health and Welfare and all persons and organizations concerned generally with the operation of hospitals is becoming more apparent and necessary,

BE IT RESOLVED that an Hospital Advisory Council for which provision is made in the Hospital Insurance Act be activated and made an effective instrument for this purpose.

10. WHEREAS the establishment of hospitals in this Province has been chiefly attained through community effort, by municipal taxation and financial aid from women's auxiliaries, service clubs, fraternal organizations, and from bequests and legacies, and

WHEREAS many hospitals throughout the Province while situated in organized areas, whose people contribute through local taxation to the establishment of these hospitals, serve also numbers of people living in unorganized areas surrounding these centres, which do not contribute by taxation towards the provision of these hospitals for their use, and

WHEREAS the present policy of the Government by its method of payment to hospitals for patient care does not enable a hospital to acquire funds for the purpose of financing approved building projects, and

WHEREAS the onus of organizing a voluntary Hospital Improvement District is on the hospital concerned, which means a great deal of effort by both voluntary and paid workers, and expense which must be met by the Hospital Board, who have no funds for this purpose and with no guarantee that the results of such time and money expended will result in the desired achievement, and

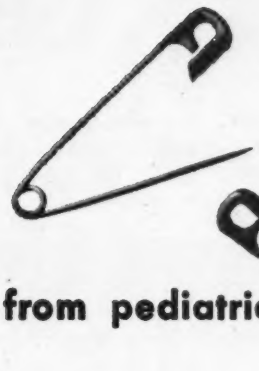
WHEREAS the hospitals in the Province which serve a large area of unorganized territory would be enabled, through the formation of Hospital Improvement Districts and the resultant ability to raise money through taxation to carry out approved building projects and major repairs and alterations to buildings.

THEREFORE BE IT RESOLVED THAT WE REQUEST THE Government of British Columbia to give serious study to this situation with a view to introducing legislation that will permit of a more simplified method of establishing Hospital Improvement Districts, where the need can be established, for the purpose only of capital improvements and expansion, or building of hospitals by referendum on money bylaws by the landowners of the established district.

11. WHEREAS labour contracts with hospital employees expire on or before December 31st,

AND WHEREAS hospital budgets are generally not approved before May or later in the year following the expiration of the said contracts,

(Concluded on page 122)



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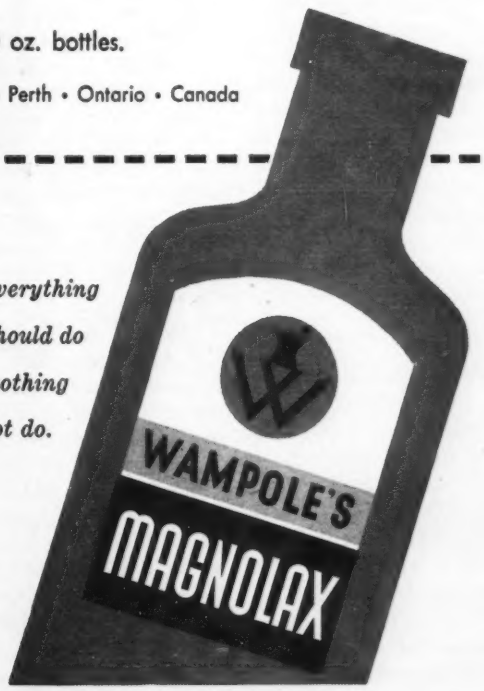

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and nothing
a good laxative should not do.

Here and There

B.C.G. Vaccination in India

The government of India has introduced B.C.G. vaccination in an attempt to bring tuberculosis within manageable limits in a measurable period of time. B.C.G. vaccination was introduced in India during 1948. In a conference sponsored by the government of India in the summer of 1951 and attended by representatives of the state governments, a proposal for the extension of mass B.C.G. vaccination throughout India was endorsed. A plan of operation was prepared to cover the total young population during a five- to seven-year period. Assistance in terms of technical personnel and equipment was requested from the World Health Organization and this has been given. The plan of the mass campaign is to cover the susceptible age groups from one to 25 years in the urban, suburban and accessible rural areas. The original plan of operation envisaged an average annual output of work per campaign unit of 100,000 tests; and to cover the total young population of India it will necessary to establish a minimum of 225 teams. Experience to date has shown that it is a realistic program, both economically and technically, to test and vaccinate the total young population within the five- to seven-year period. One of the results of the project already apparent is the wide interest which has been created among the general public in the problem of tuberculosis.—*Indian Journal of Tuberculosis, June, 1955.*

Atomic Conference

Dr. Homi J. Bhabha of India, President of the International Conference on the Peaceful Uses of Atomic Energy, stated in his summing up address to a gathering of representatives from 73 countries in August that the Conference had demonstrated beyond dispute the practicability of generating electricity by atomic energy. There were good reasons for expecting that the capital costs of atomic power stations would come down during the next decade. "Even with present costs," he went on, "atomic power stations would be economically competitive with power stations of conventional type in many areas of the world where power costs are high."

Dr. Bhabha also declared that the discussions had shown that all countries were alive to the direct biological hazards of radiation and that safe tolerance standards had been established. Professor P. Auger, in presenting a paper from the United Nations Educational, Scientific and Cultural Organization, strongly recommended that all scientists and engineers be required to study radiobiology so that they could understand the limitations and regulations governing the use of radioactive materials and radiation.

More Patients, Higher Prices in U.S. Hospitals

United States' hospitals cared for 20,345,431 patients in 1954, more than in any previous year, the American Hospital Association announced recently. This was an increase of 161,604 over 1953's total of 20,183,827.

The non-profit general hospitals which care for the great majority of the acute, short-term cases in the nation spent $22.78 every day for each patient. This represented an increase of $1.69 over 1953. The average cost per patient stay in these hospitals in 1954 was $171 compared with $160 in 1953. Patients in the non-profit general hospitals paid an average of $1.71 a day less in 1954 than it cost to care for them.

The $5.2 billion expended by all U.S. hospitals in 1954 represents an increase of nearly a half billion dollars over 1953. Sixty-four per cent of this expenditure was for payroll. Total 1954 payroll of all hospitals was $3,344,416,000 for 1,245,669 full-time employees. The 1953 hospital payroll was $2,987,265,000 for 1,168,564 full-time workers. During the nine years from 1946 to 1954, the payroll portion of expenditure increased from 56.2 to 64 per cent.

The average patient stay in the short-term general hospital was reduced again in 1954 as it has been in the past several years. The average stay in these hospitals in 1954 was 7.8 days, against 7.9 days in 1953 and 9.1 days in 1946.

First Annual Report, Royal Victoria Hospital, 1894

(The Annual Report of the Royal Victoria Hospital, Montreal, P.Q., for 1954, included in its pages the first Annual Report of the hospital for 1894. The following excerpts are from this early report.—Edit.)

The Pathological Building was opened in October, and has proved an invaluable addition to the hospital, its arrangement and equipment being most suitable and complete in every respect.

There have been admitted into the hospital during the year, 1,570 patients; of these, 1,345 were discharged; 776 cured, 401 improved, 97 unimproved, 71 not treated, 84 died, and 141 remained.

The average number of days in hospital per patient was 29.3; the medical being 29, the gynaecological 32.4, and the eye-and-ear 25.6 days per patient.

The cost per patient per day was $1.42. This, however, is higher than it will be hereafter, the expenditure for management and domestic purposes having been necessarily almost as large for the small number of patients in the hospital at the commencement as will be incurred when the hospital is fully occupied.

The heating and ventilation of the buildings have been most satisfactory during the past year; the large wards have been free from odour, and the temperature quite as high as was necessary. On the 24th of February last, when the outside temperature reached as low as 20 below zero, the ward thermometers registered from 67 to 70. The lighting of the buildings by electricity produced by tre hospital plant has also been very satisfactory.

Bore: I'm a self-made man, that's what I am—a self-made man.

Listener: You knocked off work too soon.—*Davis Nursing Survey.*

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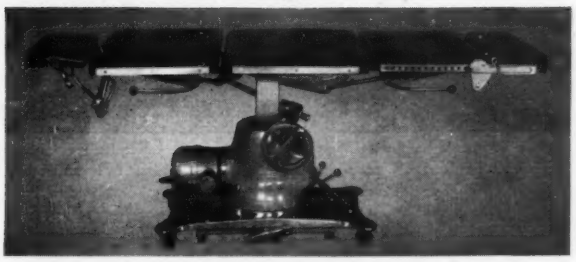

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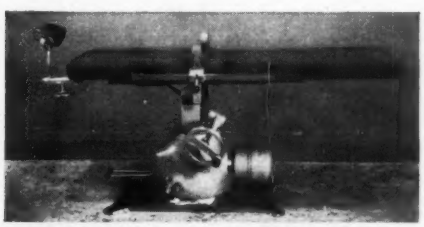
Only the Ritter Multi-Purpose Surgery Table offers the outstanding feature of a motor-driven hydraulic elevating base that is completely safe for operating room use. The exclusive Ritter base is explosion-proof... approved by Canadian Standards Association. A touch of the toe to the controls raises and lowers the table to the exact position required by the surgeon. The five-section top is upholstered in static conductive rubber fabric ... the mobile base casters are also static conductive. A complete set of modern, unique, exclusive Ritter-designed side rail accessories is available for use on this table.

Ritter Proctologic Table, Type 7-S-21

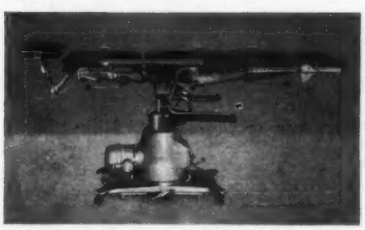
The easily operated hand wheel enables a safe, smooth tilt of 50°. The table is raised effortlessly to the right examining level by a touch of the toe on the controls. The abdominal drop-out occurs automatically as table-top is tilted. Canadian Standards Association-approved explosion-proof motor base is mobile, with static conductive covers and casters. The floor lock immobilizes table when required. Adjustable headrest and proctologic knee rest make the Ritter Proctologic Table unusually flexible to meet all operating requirements. Table can be equipped with stirrups, to facilitate pelvic examinations.



Ritter Plastic and Eye Surgery Table, Type 6-S-51.

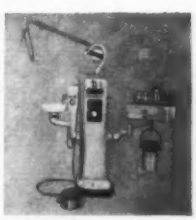
Exclusive Ritter hydraulic elevation is incorporated in a Canadian Standards Association-approved explosion-proof base. Static conductive rubber upholstery is standard. Extra-length operating levers extend under headrest for convenient head end control. The exclusive Ritter-designed hand-wheel operated double ball and socket headrest assembly, and curved sponge rubber cushion headrest pad, permit universal positioning of patient's head! Wrist restraints and side rails are standard equipment.

Ritter Specialist's Chair-Table, Type 9-S-21



The Ritter motor elevated chair-table is especially adaptable for eye, ear, nose and throat work. The energy-saving explosion-proof hydraulic base allows operating room use with complete safety... it, too, is approved by the Canadian Standards Association. The extreme flexibility of this chair-table, from chair position to full horizontal, makes it exceptionally useful in hospitals. Additional features: adjustable and removable chair-type armrests; universal arm board; combination footrest, kneerest, table extension; three restraint straps; static conductive upholstery and casters, exclusive Ritter floor lock.

Ritter Combination Eye, Ear, Nose and Throat-Oral Surgery Unit



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Tuberculosis Statistics, 1954

(The following excerpts are taken from "Tuberculosis Statistics, 1954", compiled by the Institutions Section of the Dominion Bureau of Statistics, Ottawa.)

AT THE end of 1954, 100 out of every 100,000 Canadians were patients in tuberculosis sanatoria or units of general hospitals. Seventeen years earlier this rate had stood at 78, the lowest on record, and had generally increased until 1952, when it reached a peak of 111. The present rate, the lowest in the past seven years, also reflects the reversal of a trend which, beginning in 1938, showed a continual increase in the absolute number of patients in tuberculosis institutions at the end of each year. The 1954 total of 15,220 is a 5.2 per cent decrease from the preceding year, the first decrease ever reported.

During the 1938-1954 period total tuberculous and non-tuberculous admissions to Canadian tuberculosis institutions increased 66.2 per cent and, of these, first admissions increased 59.2 per cent while re-admissions increased 88.6 per cent. These increases in the actual numbers of admissions are partly due to the 36.4 per cent increase in the Canadian population over the same period. However, when these numbers are converted into rates, thereby eliminating the effect of population increase, the total rate for tuberculous and non-tuberculous admissions also rises significantly from 85.8 per 100,000 population in 1938 to 113.0 in the first post-war year of 1946 and then declines to the 1954 rate of 104.6, which is the lowest figure since 1945, but is still 21.9 per cent above the rate 16 years earlier.

An examination of the institutional morbidity figure for tuberculous patients reveals an appreciably different pattern. Although the combined rates based on tuberculous and non-tuberculous admissions show a post-war decrease, they have risen rather significantly when compared with the 1938 figure as described above. The rates for tuberculous admissions alone increased more moderately from 77.2 per 100,000 population in 1938 to 89.4 in 1954. This latter figure is the lowest rate recorded since 1944, and is the fifth consecutive annual decrease.

The slower decline in the total admission rate is due to the upward pressure exerted by non-tuberculous admissions, which rose from the lowest recorded rate of 6.8 per 100,000 population in 1942 to an all-time high of 15.2 in 1954. The 2,312 patients producing this latter rate represent a 117.7 per cent increase over the 1939 figure, and nearly 14.5 per cent of all admissions to tuberculosis institutions in 1954, the highest proportion of non-tuberculous patients ever admitted to Canadian tuberculosis institutions.

When studied separately the rates per 100,000 for tuberculous first admissions and for tuberculous re-admissions show important parallels. The first admission rate rose from 55.5 in 1937 to 77.2 in 1946 and then declined somewhat erratically to a low of 62.7 in 1954, the lowest since 1939 and less than 13 per cent over the 1937 rate. Similarly the tuberculous re-admissions rate increased from a low of 18.3 in 1937 to an all-time high of 32.8 in 1950 and has since declined sharply to 26.7 in 1954, but it represents, nevertheless, a 45.9 per cent increase since 1937. The importance of these decreasing rates is evident when the population increase of 37.7 per cent during this period is borne in mind.

The same period has witnessed a phenomenal decrease in the tuberculosis death rate, which in 1954 stood at 10.3 per 100,000 population compared with 60.4 in 1937. In the past ten years alone, deaths from tuberculosis in the Canadian population have dropped 71.8 per cent and a corresponding trend has taken place in the number of deaths, occurring in institutions, which have declined 62.4 per cent during these years. Expressed as a rate per 1,000 patients under care at December 31, the deaths of tuberculous patients in tuberculosis institutions has declined radically from 227.5 in 1943 to 53.0 in 1954.

In contrast to these sharp decreases in mortality there has been a much slower decrease in the tuberculosis notification rate, which from the 1944 peak of 128.2 per 100,000 population has declined to 69.1. This slow decline in notifications plus the increasing rate of non-tuberculous admissions already described are factors which prevent a faster decline in admission rates.

The post-war declines in the first admission and re-admission rates for tuberculosis, in tuberculosis mortality and in notification has been matched by corresponding increases in tuberculosis control measures. The bed complement of tuberculosis institutions has increased from 85.2 per 100,000 population in 1938 to 116.5 in 1954. Since 1946 the actual number of beds set up has increased by 4,089 or 30.1 per cent. The percentage occupancy of these beds has varied erratically during the past 17 years but the 1954 figure of 92.2 is the highest since 1941.

These beds are being occupied for longer periods by tuberculous patients who are finally discharged. Between 1944 and 1954 the average stay of these patients rose by slightly more than 50 days. An even more significant increase is evident in the average stay of tuberculous patients who die in tuberculosis institutions. Since 1944 their average stay has increased by 150 days. It should be noted that the lengthening stays of tuberculous discharges and deaths, which have risen 20.3 per cent and 43.5 per cent respectively since 1944, have been most pronounced since 1950.

These increases in the average stay of discharges and deaths have followed the introduction of the antibiotics streptomycin, P.A.S., and isoniazid. The use of streptomycin was first reported in 1947 when only 0.01 per cent of patients received this treatment, whereas in 1954 this figure stood at 80.7 per cent. In 1949 when P.A.S. was first reported 0.1 per cent of patients received it while in 1954 this percentage had risen to 74.0. Isoniazid was first reported in 1952 when it was given to 4.5 per cent of tuberculosis patients; two years later this figure had risen to 49.7 per cent.

The foregoing developments in the pattern of tuberculosis morbidity, its treatment, and the services and facilities provided, have required increasing numbers of personnel and increasing expenditures. The past 17 years have seen a 190.5 per cent increase in personnel in sanatoria, and personnel per 100 patients have risen from 42.2 to 78.4. Expenditure in non-federal sanatoria increased 464.9 per cent from $5,700,000 in 1938 to $32,200,000 in 1953, while the cost per patient day increased by 171.7 per cent from $2.30 to $6.25.

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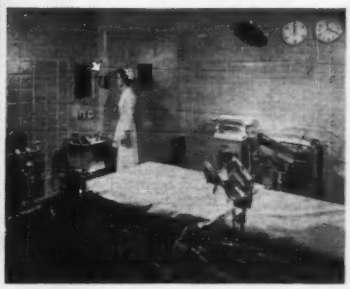

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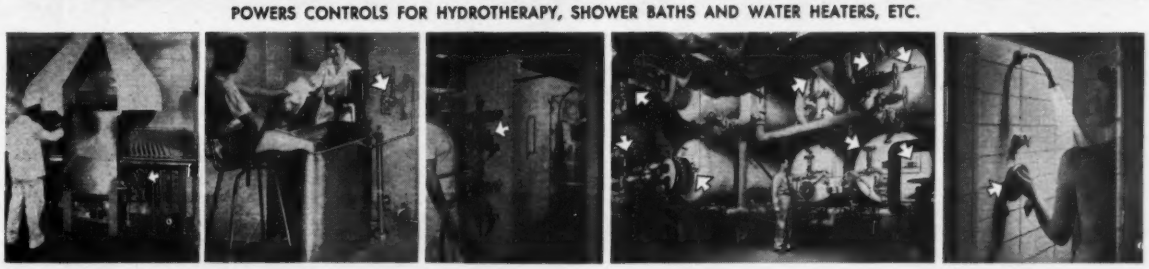

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A.C.H.A. Convocation

(Concluded from page 50)

pital Administrators were the following Canadians.

Advanced to Fellowship

L. O. Bradley, M.D., administrator, Calgary General Hospital, Calgary, Alta.

Sister Marguerite Mann, Mother House of the Grey Nuns, Montreal, P.Q.

Sister Paul of the Cross, superintendent, St. Martha's Hospital, Antigonish, N.S.

Advanced to Membership

Charles E. Barton, assistant superintendent, Regina General Hospital, Regina, Sask.

Jack L. Bateman, superintendent, Stratford General Hospital, Stratford, Ont.

Hugh P. J. Gunn, administrator, Children's Hospital, Vancouver, B.C.

Sister M. James, administrator, Holy Family Hospital, Prince Albert, Sask.

Sister F. Corinne Kerr, administrator, Notre Dame de Lourdes Sanatorium, Vallée Lourdes, N.B.

Gerald LaSalle, M.D., administrator, Hôpital Universitaire, Montreal.

J. J. Laurier, M.D., assistant medical director, Hôpital du Sacré-Coeur, Montreal, P.Q.

Sister Mary of the Trinity, assistant superintendent, St. Martha's Hospital, Antigonish, N.S.

Lawrence T. Muirhead, superintendent, Saskatoon City Hospital, Saskatoon, Sask.

Brock H. Payne, administrator, Brantford General Hospital, Brantford, Ont.

Richard J. Pearce, secretary-treasurer, Public General Hospital, Chatham, Ont.

Sister Rachel Tourigny, administrator, Hôpital Maisonneuve, Montreal, P.Q.

Sister Ste. Agatha de Jesus, director of nursing, Hôtel-Dieu de Lévis, Levis, P.Q.

I. Sutton, M.D., superintendent, Deer Lodge Hospital, Winnipeg, Man.

Eugéne Thibault, M.D., medical director, Hôpital Général de Verdun, Verdun, P.Q.

Arthur John Thomson, bursar, Toronto Psychiatric Hospital, Toronto, Ont.

Edwin V. Wahn, assistant director, University Hospital, Saskatoon.

Nominees

Eugene F. Bourassa, business manager, Regina Grey Nuns' Hospital, Regina, Sask.

Omer H. Clusiau, administrator, Alberta Red Cross Crippled Children's Hospital, Calgary, Alta.

Sister Columkille, administrator, Notre Dame Hospital, North Battleford, Sask.

Henry S. Doyle, M.D., assistant superintendent, Toronto General Hospital, Toronto, Ont.

Lucien Lacoste, assistant superintendent, Hôpital Notre-Dame, Montreal.

Charles J. Macdonald, M.D., assistant superintendent, Camp Hill Hospital, Halifax, N.S.

Gaspard L. Massue, co-ordinator of administrative services, Hôpital Ste-Justine, Montreal, P.Q.

Lawrence E. Ranta, M.D., assistant director, medical, Vancouver General Hospital, Vancouver, B.C.

Carl Raymond Trask, M.D., director, Saint John General Hospital, Saint John, N.B.

Alta. Catholic Conference

(Concluded from page 45)

mind the triangle of the consumer, the employee, and the organization. Life today is complicated and confused and it does require a great deal of understanding and common sense in order to do a good job with your fellowmen. It takes much learning and study but it does pay off in employer-employee relationships. "Thou shalt love thy neighbour as thyself" is another way of presenting the same idea. Love and justice go together.

The Chaplains' Institute was under the chairmanship of Rev. Father Francis McKay. Panel members ably discussed important topics such as formation of a Sodality, the lay Apostolate movement, and how to perform an apostolic action. An apostolic project must be specific. The wording must be clear so that no misunderstanding will arise in carrying it out. It was suggested quite strongly that members of lay societies visiting hospital patients should receive instructions regarding their approach to patients and be warned against repeating any information regarding patients.

Officers

President: Sister B. Bezaire, Edmonton General Hospital, Edmonton.

1st Vice-president: Sister M. Loyola, St. Joseph's Hospital, Galahad.

2nd Vice-president: Sister Immaculat, Mineral Spring Hospital, Banff.

Secretary-treasurer: Sister M. Paule Rheault, Edmonton General Hospital, Edmonton.

Standing Committee: Sister St. Rodolphe, chairman, committee on nursing, Misericordia Hospital, Edmonton; Sister M. Sylvia, chairman committee on administration, General Hospital, Mundare; and Sister Mary, substitute for past-president, St. Joseph's Hospital, Barrhead.

Bishops' Representative: Rev. Father Francis McKay, Canmore.—*Report by Sister Marie-Paule Rheault*

Indian Hospital Even Babysits

Moose Factory Indian Hospital, located in the James Bay region of Ontario, is the second largest of 19 similar hospitals in the northland, all built and operated by the Department of National Health and Welfare, Indian Health Services Branch. It is different in many ways from hospitals "down south". Completely self-sufficient, it could be isolated up to three months, if necessary. It is usually cut off from the outside world for two months a year, once during the freeze-up and once during the spring break-up.

The up-to-date outpost institution even does occasional babysitting. Sometimes perfectly healthy children are kept in the hospital for a year while their parents go into the bush to hunt and trap and cannot be located until they come back to the settlement each summer for their treaty payment.

The hospital has 233 beds, 141 of which are for tubercular patients. The fight against tuberculosis is a continual one, and the staff try to x-ray every Indian and Eskimo in the vast region annually.

Recently a clinical team headed by Dr. James Simpson of the Hospital for Sick Children, Toronto, visited the hospital to conduct a three-day clinic for crippled children. Of the 63 children examined, many travelled more than 250 miles by air to reach the settlement.

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Nurses of the World Meet in Istanbul

Nursing leaders from 27 countries attended the biennial meeting of the International Council of Nurses board of directors held recently in Istanbul, Turkey, according to Gladys J. Sharpe, president of the Canadian Nurses' Association, who attended the meeting. Among the world-wide nursing problems considered was that of exchange privileges of nurses between countries. In the past two years over 4,000 nurses have obtained employment abroad and 1200 have studied in other countries.

The ICN also pledged its support in the use of modern scientific developments for peaceful purposes. The organization represents more than 450,000 trained nurses throughout the world, and is said to be the oldest and largest professional women's organization in existence. Its special concern is that of raising the standards of nursing care all over the globe.

One of the highlights of the biennial, according to Miss Sharpe, was a pilgrimage to the Selimiye Military Barracks in Scutari. The barracks includes the famous Barracks Hospital where Florence Nightingale made history during the Crimean War. The nurses also visited the ruins of one of the world's first hospitals at Epidauros, in Greece.

A.H.A. Convention

(Concluded from page 78)

session took the form of a round table discussion with the theme "Evaluating the Size of the Hospital in Relation to Community Values for Patient Care, Education, and Research". During the course of discussion speakers reviewed the relation of size to capital expenditure per bed; the size as related to the quality and comprehensiveness of medical care; the relation of size to fiscal operation; and the relationship to medical education and research. Jack Masur, M.D., assistant surgeon general and chief of the Public Health Service's Bureau of Medical Services was elected president. He succeeds Harvey Agnew, M.D., of Toronto.

The A.H.A.'s highest honour, the Award of Merit, was presented to Joseph G. Norby, hospital consultant and executive secretary of the United Hospital Fund of Milwaukee County, at the annual banquet. On the same occasion Ray E. Brown, superintendent of the University of Chicago Clinics, was inducted as president of the A.H.A., succeeding Frank R. Bradley, M.D., director of Barnes Hospital, St. Louis, Mo. Albert W. Snoke, M.D., director of Grace-New Haven Community Hospital, New Haven, Conn., was unanimously voted president-elect. John N. Hatfield, director of Passavant Memorial Hospital, Chicago, was re-elected treasurer. Three new trustees were elected. They are: Madison B. Brown, M.D., executive vice-president and medical director of Hahnemann Medical College and Hospital, Philadelphia; J. M. McIntyre, administrator, Winnipeg Municipal Hospitals, Winnipeg, Man.; and A. A. Aita, administrator, San Antonio Community Hospital, Upland, Calif. In addition, four new delegates-at-large were elected: Rear Admiral Bartholomew W. Hogan, Bureau of Medicine and Surgery, U.S. Navy, Washington, D.C.; F. Ross Porter, superintendent, Duke Hospital, Durham, N.C.; D. R. Easton, M.D., superintendent, Royal Alexandra Hospital, Edmonton, Alta.; and John W. Rankin, director Milwaukee County Institutions and Departments, Milwaukee, Wis.

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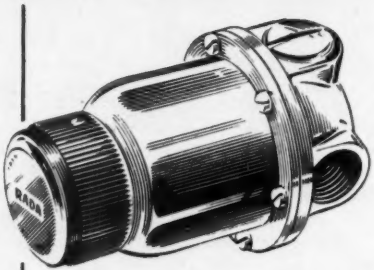

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X-Ray Technicians Hold 13th Annual Convention

The 13th Annual Convention of the Canadian Society of Radiological Technicians was held September 7th to 10th at the Windsor Hotel, Montreal, with about two hundred technicians from all parts of Canada in attendance.

Three refresher courses—two in English and one in French—were well attended from 8:30 to 10:00 each morning. Frank Dreisinger, Educational Director for the General Electric Company, presented "Radiographic Factors". Mr. G. A. Wilkinson, B.Sc., spoke on therapy and Dr. Lionel Lafleur instructed in "Radiography in Obstetrics".

At the opening session Dr. Donald McRae, representing the Quebec Association of Radiologists and Dr. Gilbert Turner, the Canadian Hospital Association, welcomed the members on behalf of their respective organizations. Esther Sponberg, past president of the American Society of X-Ray Technicians, was present to formulate preliminary arrangements for the second International Convention of X-Ray Technicians to be held in Washington, D.C., in 1957. Mr. G. A. Wilkinson was appointed to work with Miss Sponberg as Canadian co-chairman.

At the business session one of the most important matters dealt with was the formulation of the conditions under which technicians doing x-ray therapy exclusively could be admitted to the society, which has previously been restricted to those whose work has been primarily radiography. It is probable that therapists who have been doing the work for a considerable period will be admitted without examination till January 1st, 1958. Those with at least three years but less than five years experience may be certified after examination. However, the precise requirements will be made public later by the committee. A highlight of this session was the announcement that the C.S.R.T. had been accepted as an associate member of the Canadian Hospital Association.

A number of technical papers were presented—some in English and some in French. An excellent talk on "Carotid Arteriograms" was given by Dr. Donald McRae of the Montreal Neurological Institute. The Welch Memorial Lecture created a great deal of interest and was delivered by Mrs. Mary F. Cameron of the McGregor Clinic, Hamilton. Mrs. Cameron dealt with a new method of constructing compensating filters for radiography. Dr. Everett F. Crutchlow, Montreal General Hospital, gave a helpful talk on "The X-Ray Technician and Athletic Injuries" which was leavened with a good deal of humour. A lecture in French on "Dosage in X-Ray Therapy" was given by Dr. O. Dufresne of the Montreal Radiological Institute. A therapy paper in English, "Therapy Beam Positioning", was presented by Rosina McHardy, Montreal General Hospital. An unusual address was that of E. J. Bishop of the Ontario Veterinary College, Guelph, who spoke on veterinary radiology. An excellent presentation concerning a relatively new field was that of Sister M. Eucheria, St. Josph's Hospital, Hamilton, who spoke of "Visualization of the Biliary Ducts with Intravenous Media". Rex Radford, Fredericton, N.B., clarified the subject of "Film Copying by Solarization". Two papers in French were those of Mlle. Andrée Jutras, St. Justine Hospital, Montreal, who dealt with "Radiography of Congenital Deformities" and Sister Marie de la Ste. Famille, Hôpital St. Joseph, Lachine, who spoke on "Protection".

On the social side trips were taken to Ste. Anne de Bellevue Veterans' Hospital, where refreshments and square dancing were indulged in; to St. Joseph's Shrine, to the Montreal General Hospital and the nearly completed new wing of the Royal Victoria Hospital. The convention concluded with the annual dinner and dance at which M. Emile Genest, TV and radio personality of the C.B.C. "Plouffe Family" was the guest speaker. The outgoing president, Albert Cheffins of Montreal, presented the gavel of office to the new prsident, Mel Smith of Vancouver. The new vice-president is William Doern of Winnipeg. The 1956 convention will be held at the Empress Hotel, Victoria, B.C., at the end of August.—*L. J. Cartwright.*

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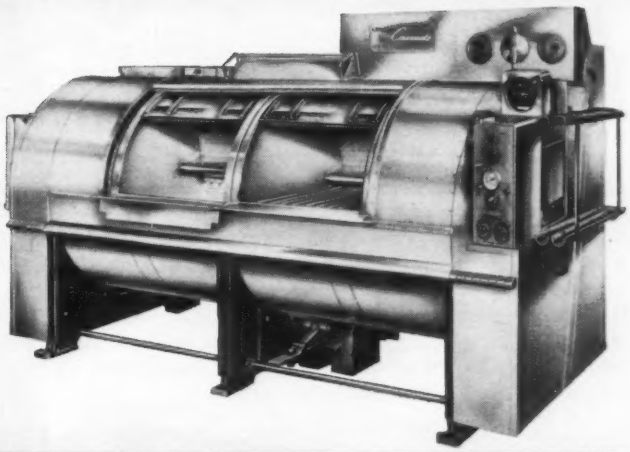

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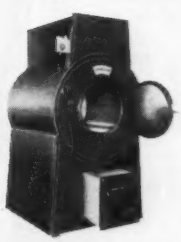

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With The Auxiliaries

(Concluded from page 62)

Fund Established for Chronic Patients

The ladies' auxiliary to the Calgary General Hospital, Calgary, Alta., has raised $10,500 since its organization in 1947 and this year has set up a fund to help the chronically ill. The group contributes more than 1,000 hours of voluntary service per month to the hospital by doing such necessary jobs as making bandages, playing with young patients, and teaching older patients arts and crafts.

* * * *

Golden Anniversary

This year marks half a century of service by the ladies' auxiliary to the General Hospital of Port Arthur, Port Arthur, Ont., which has expanded through the past fifty years to its present membership of 1,000. One of the auxiliary's chief donations to the hospital during the past year was an ice-making machine, valued at $2,200. A project now being undertaken is the furnishing of three sitting rooms for student nurses, which will cost about $2,500. A membership drive was held by the organization in September.

Aid Contributes to New Operating Table

The Salmon Arm Girls' Hospital Aid, Salmon Arm, B.C., has made the final payment on their share of the cost of a new operating table for the local hospital. The aid contributed a total of $1,600 towards the purchase of the table and has also donated a $100 foment sterilizer to the hospital.

* * * *

Oakville Women Donate $6,000

The women's auxiliary to the Oakville-Trafalgar Memorial Hospital, Oakville, Ont., has donated $6,000 to the building fund of the new wing now under construction. This is the first instalment of $20,000 pledged to the fund over the next five years by the group.

* * * *

Aid Equips Case Room

The ladies aid to St. Elizabeth's Hospital, Humboldt, Sask., has equipped one of two case rooms in the obstetrical department of the new hospital. Total cost of the project was $1,853. Other hospital equipment has also been purchased with funds raised by the group.

Toronto Auxiliary Holds First Meeting

The newly organized auxiliary to the Toronto East General and Orthopaedic Hospital, Toronto, Ont., held its first meeting in September. One of the group's first projects is the establishment of a new gift shop for the hospital. A temporary one will be used until a larger shop is set up in the new wing, now under construction.

* * * *

Peterborough Hospital Receives New Equipment

The women's auxiliary to Peterborough Civic Hospital, Peterborough, Ont., recently donated a respiration assistor to the hospital. The piece of equipment cost $257.50 and is used in the treatment of patients with respiratory difficulty.

* * * *

Auxiliary Sponsors Tag Day

A tag day was sponsored in September by the women's auxiliary to the Royal Jubilee Hospital, Victoria, B.C. and over $1,400 was collected for the hospital. The funds will be used to buy equipment for the hospital's cancer clinic.

Pharmacy Institute

(Concluded from page 58)

Veteran's Affairs Hospitals, and other Government Hospitals".

The program was also designed to bring hospital pharmacists up-to-date on therapeutic trends. "Problems of Mixed Infections" were reviewed by Dr. L. E. Ranta, assistant director, medical, Vancouver General Hospital, and "Pre-Operative and Post-Operative Medications" was discussed by Dr. H. B. Graves, director, Department of Anaesthesiology, Vancouver General Hospital. Dr. Graves pointed out that "pre-operative sedation is imperative for proper anaesthesia and surgery, post-operative sedation must be selected and employed with care, and the age-old drugs are, in the main, the drugs of choice".

Of significant interest to all registrants was the panel on the "Development of a Practical Manufacturing Program in the Hospital Pharmacy". The economic aspects and hospital policies were presented by Professor Finlay A. Morrison, associate professor of pharmacy, University of British Columbia. Dr. G. C. Walker, Faculty of Pharmacy, University of Toronto, discussed the equipment used for manufacturing in a hospital pharmacy and pointed out that "the problem mot frequently confronting the pharmacist is that of buying the right piece of equipment for the job and, in addition, of buying a type that will best suit the floor space, power supply and other facilities available". Speaking on "Basic Considerations for a Parenteral Solution Manufacturing Program: A Guide for Planning or Re-Evaluation", J. G. Moir, lecturer, Faculty of Pharmacy, University of British Columbia, commented on the benefits of good planning to determine (a) what can be manufactured, (b) how it is to be manufactured, supervised and controlled, and (c) where and with what it is to be manufactured. "Complete controls in parenteral solution manufacturing," said Mr. Moir, "include tests and assays for water purity, sterility, pyrogens, strength and foreign material, as well as records of the above tests, the amounts, grade, source of ingredients used, person manufacturing, inspecting, testing, et cetera., the sterilization time, temperature, et cetera, and the amount manufactured, the net amount after rejects."

Dean F. N. Hughes, Faculty of Pharmacy, University of Toronto, and Dean A. W. Matthews, Faculty of Pharmacy, University of British Columbia, offered some good advice on professional advancement for hospital pharmacists. The latter pointed out that as an organization, the Canadian Society of Hospital Pharmacists should be more active in seeing to it that more institutions avail themselves of the services a pharmacist can provide in a hospital. The C.S.H.P., the provincial associations and the Canadian Pharmaceutical Association, with the active support of the colleges, might plan a step-by-step campaign designed to present a uniform front, on a dominion-wide basis, to the provincial health departments, the Canadian Hospital Association and other organizations concerned. Two aspects of such a program might be the active participation of hospital pharmacists in a recruitment program for the profession of pharmacy and the setting up of a few undergraduate fellowships in hospital pharmacy by the Canadian Foundation for the Advancement of Pharmacy.

Alberta's Pioneer Hospitals

The year 1955 not only marks Alberta's golden anniversary, but also the fiftieth year of organized medicine in that province. And along with the growth of medicine, of course, Alberta's hospitals have grown, too, from small beginnings in log shacks and nursing homes to their present total of over 140 modern and flourishing institutions.

The first hospitals in the province were built and staffed by the Royal Northwest Mounted Police. Of these, the earliest one was that established at MacLeod in 1874, and Crowfoot, the famous Indian chief, was treated there in 1877. Another police hospital was opened in 1875 at Fort Walsh. Several years later, more were established at Calgary, Regina, and other communities. In those days civilian patients as well as members of the police force were treated at these hospitals.

Voluntary institutions sponsored by church groups and religious orders were also among the pioneers in the hospital field. In 1881 the first hospital in northern Alberta and the second in the province as a whole was opened and operated by the Grey Nuns as part of the Youville Convent in St. Albert. Soon after two more were established by the same order. One of these was the Holy Cross Hospital, in Calgary, with 25 beds, which was built in 1892. The other, a 35-bed hospital which cost $30,000, was constructed in 1895 in the "village of Edmonton," and later became the Edmonton General Hospital. Today each of these institutions has a bed capacity of over 300.

Edmonton's first hospital if such it can be called, was "The Hermitage", a small log institution which opened in 1886 and was run by a trained English nurse, who advertised that her fees were moderate. In 1900, five sisters of Misericorde came to the city from Montreal to give aid to unmarried mothers and opened a maternity hospital in the same year. This was the original Misericorde Hospital.

The first incorporated general hospital in the province was constructed at Medicine Hat in 1889, and five years later a school of nursing was also incorporated. The second hospital to come officially into being was the Calgary General, which was opened in 1890 in temporary quarters.

It was of this period that William

Osler said "that the doctors were pouring medicine of which they knew little down the throats of patients of whom they knew less." It is to be feared that financial conditions in these first pioneer hospitals were at times almost as uncertain as their medical practices. At the combined police and mine hospital which was built at Lethbridge in 1886, the doctor in charge, Dr. F. H. Mewburn, would frequently jot down notes, in regard to his patient's ability to pay, to the nurse in charge of collecting accounts. Among these were the following:

"Hasn't a bean—Charge it to the Lord."

"Leave this fellow to me. He needs stronger language than you are capable of."* Modern accounting procedures have certainly become more efficient, but not always, perhaps, quite so interesting.

**Heber C. Jamieson, M.B. in "Early Medicine in Alberta". Reference is also made to "The Drama of Medicine in Alberta" by A. C. McGugan, M.D., in the "Alberta Medical Bulletin", August, 1955.*

Booklet Issued on Government Expenditures on Health

The Research Division of the Department of National Health and Welfare, Ottawa, recently issued the second edition of memorandum No. 14 in the social security series, entitled "Government Expenditures and Related Data on Health and Social Welfare, 1947 to 1953". This memorandum has been designed as a basic reference for persons engaged in research in Canada. It provides details concerning expenditures on selected programs and also other data relating to their operations. The first edition entitled "Expenditures and Related Data for Government Health and Social Welfare Programs in Canada for the Year Ended March 31, 1951", was issued in September, 1952, and the present edition has been substantially revised and extended to show trends over the seven-year period. The bulletin is divided into two chapters. The first chapter relates to government expenditures on health and social welfare and Chapter II presents data on recipients under the income maintenance programs.

He who has not forgiven an enemy has not yet tasted one of the most sublime enjoyments of life.—*Johann K. Lavater*

Resolutions Adopted

1. WHEREAS the Board of Directors of the Associated Hospitals of Manitoba did on September 26th, 1955, present a brief to the Minister of Health and Public Welfare, setting out the views of the hospitals of Manitoba, with regard to the development of health services in this province;

THEREFORE BE IT RESOLVED that the Associated Hospitals of Manitoba, in convention assembled, wish to record their concurrence in the statements and recommendations contained in the aforementioned brief.

2. WHEREAS the Associated Hospitals of Manitoba, together with other interested groups, on the call of the Government of Manitoba, participated in a conference to consider measures to provide for the financing of hospital care for patients unable to pay for that care;

AND WHEREAS the Conference agreed on certain methods to achieve this end through sharing of provincial and municipal governments in the payment of the cost of public ward care for patients who do not pay this cost either as individuals or through some prepayment plan or other agency;

AND WHEREAS the rate of payment is to be based on actual costs as established by a Hospital Rate Board;

AND WHEREAS it was agreed that these new financial arangements would become effective January 1st, 1956;

THEREFORE BE IT RESOLVED that the Associated Hospitals of Manitoba do commend the Government of Manitoba for its fair and thorough consideration of the financial requirements of hospitals and the plight of patients without the means to purchase required hospital care, and do further commend the Government for the realistic measures aforementioned, planned to meet this need.

3. WHEREAS training schools for registered nurses are operated by funds obtained through charges levied against and collected from patients in Manitoba hospitals;

AND WHEREAS Schools of Nursing do not receive statutory or other financial assistance or support as do other professional educational institutions;

AND WHEREAS the expense of operating Schools of Nursing tends to increase the cost of service to patients;

THEREFORE BE IT RESOLVED that the Associated Hospitals of Manitoba recommend that the Government of Manitoba make an educational grant of $300 per student nurse, the amount to be paid to the hospital School of Nursing upon graduation of the student.

4. WHEREAS certain hospitals are required to effect major repairs and renovations to existing plants to bring facilities up to modern standards and maintain adequate hospital service;

AND WHEREAS hospital construction grants presently have limitations that tend to restrict the best development of hospital facilities;

THEREFORE BE IT RESOLVED that the Associated Hospitals of Manitoba recommend to the Government of Manitoba and the Government of Canada that consideration be given to amending regulations governing hospital construction grants to permit assistance in effecting any major repair and/or renovation necessary to improve or extend hospital care.

5. WHEREAS it would seem desirable to provide special training for registered nurses undertaking the duties and responsibilities of administration of small hospitals;

AND WHEREAS it would seem that a short course specifically designed to meet this need would be a valuable aid to nurse administrators and the hospitals they serve;

THEREFORE BE IT RESOLVED that the Associated Hospitals of Manitoba recommend to the Canadian Hospital Association that consideration be given to extending the educational services of the Association to provide a short course in administration designed for small hospital nurse administrators.

6. BE IT RESOLVED that the Associated Hospitals of Manitoba wish to record appreciation to the speakers who have contributed so much to the success of this meeting; to the exhibitors whose displays have added greatly to the information and interest of delegates; to the manager and staff of the Royal Alexandra Hotel for their excellent arrangements; to the press

(Concluded on page 122)

Twenty Years Ago

("The Canadian Hospital", Nov., 1935)

"The Canadian Hospital Council Holds Auspicious Meeting at Ottawa." At this third biennial meeting W. R. Chenoweth, Montreal, succeeded Dr. F. W. Routley, Toronto, as president of the organization. Papers were read on subjects ranging from "The Role of Private Hospitals and Their Oversight by the State" by Dr. B. T. McGhie, Deputy Minister of Health for Ontario, to "Nursing Developments in Canada," by Rev. Mother Audet, Campbellton, N.B.

"Among the resolutions passed were ones calling for legislation which would provide reciprocal recognition by governments of municipalities of the accounts of hospitals for the care of indigents from other provinces; better legislation respecting traffic accidents; expressing desirability that the hospital should be made the centre of the health activities; endorsation of Ladies' Auxiliaries of hospitals."

"The 12th annual convention of the Ontario Hospital Association was opened on Tuesday, Oct. 15th, by the Honourable Dr. J. A. Faulkner, Ontario Minister of Health, who referred to the 8-hour day, and the extra costs to hospitals if labour conditions were interfered with at the present time." Rev. Georges Verreault, Ottawa, was elected president of the association succeeding Dr. D. M. Robertson, also of Ottawa.

"Throughout the North American continent the name of Malcolm T. MacEachern is synonomous with Hospital Service." (These words of eulogy introduced the first edition of *Hospital Organization and Management*, which was reviewed in this issue.)

"The culmination of a dream" was realized by the Sisters of St. John the Divine when the cornerstone of St. John's Convalescent Hospital was laid in Toronto by the Hon. Vincent Massey.

"It is sometimes a difficult task for the record librarian to obtain satisfactory records, and the formation of an association for the Province of Ontario will be hailed with joy by every record librarian in the Province . . . It is true that 'great oaks from little acorns grow,' and who knows the future of this young organization . . . the librarian is concerned with something higher than mere self-advancement."

In an article on nutritional trends, F. F. Tisdall, M.D., asked, "What is the diet which will allow the development of optimal health? Frankly, we do not know . . . real progress has been made, but our task is far from finished."

The cornerstone of the new Willingdon General Hospital, Willingdon, Alta., was laid by William Tomyn, M.L.A. for Whitford, and Mayor J. Omstead of Willingdon. The hospital will be under direction of the Sisters of the Immaculate Conception.

Henry A. Rowland, Superintendent of Riverdale Isolation Hospital, Toronto, has been elected Second Vice-President of the American College of Hospital Administrators.

On October 5th, the Sisters of Charity of the General Hospital celebrated the 25th Anniversary of their coming to Vegreville, Alta., to found a hospital.

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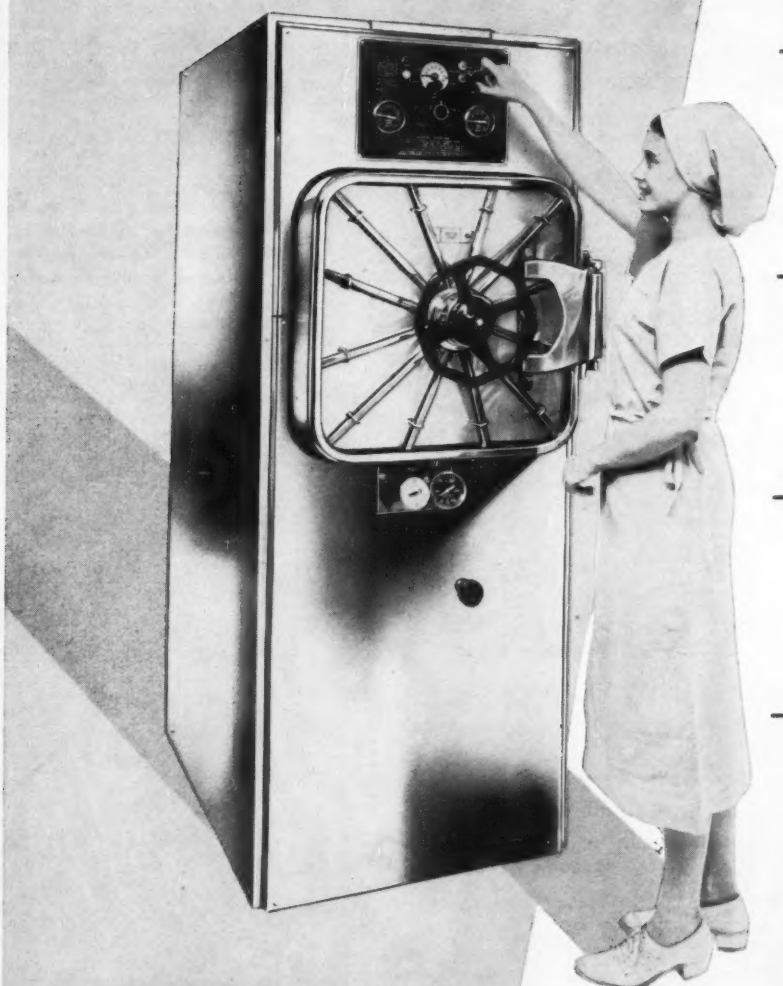

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Wanted: Nurse with experience in intravenous therapy to head up a proposed intravenous team. Apply to Director of School of Nursing, Kingston General Hospital, Kingston, Ontario.

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Business manager-accountant, middle age, desires position. Experienced in purchasing, personnel, maintenance, etc. Able to take responsibility. Seven years' sanatorium experience as well as previous good commercial background. Excellent references. Presently employed. Write Box 1191C, The Canadian Hospital, 57 Bloor St. West, Toronto, Ont.

Saskatchewan Department of Public Health Requires for Its Division of Hospital Administration and Standards A Hospital Administrative Consultant

Salary range $430.00 with automatic annual increases to $515.00 per month. Requirements—University graduation with diploma from a recognized School of Hospital Administration; some hospital administrative experience; to act as a consultant with hospital administrative personnel throughout the province. For further information and application forms please contact Personnel Officer, Provincial Health Building, Regina, Saskatchewan.

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Only five minutes of the nurse's time are required to administer a two to four-oz. dosage of CLYSEROL, instead of the usual 30 to 45 minutes for an enema. No mixing is necessary; no cleaning-up or sterilizing; the disposable plastic container is simply uncapped, used and thrown away. Hospital administrators have found that the safety to the patient and the considerable saving of time have more than offset Clyserol's low price.

Clinically tested for over four years, Clyserol has proved effective and safe in all types of conditions including heart cases. And since OUNCES of Clyserol suffice, instead of pints of fluid, painful distension is eliminated—a factor gratefully appreciated by the patient and by the physician. Clyserol is both a retention and a cleansing enema; it is non-absorptive and does not interfere with acid base or fluid balance. Complete literature and samples on request.

Each 100 c.c. of Clyserol Enema Solution contains 4.87 grams Disodium Phosphate and 13.83 grams Monosodium Phosphate.

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B.C. Resolutions

(Concluded from page 92)

AND WHEREAS labour contracts should not be finalized until the hospital budget is approved,

THEREFORE BE IT RESOLVED that the B.C. Hospitals' Association be requested to meet with the Provincial Departments of Health and Welfare and Labour for the purpose of discussing this problem and endeavouring to find an effective solution.

12. WHEREAS at the pre-convention sessions of this meeting the assembly has been presented with figures representing the costs of hospital care to be greater in the Province of B.C. than in any other Province in Canada,

AND WHEREAS in view of individual surveys that have been made by members of the Administrator's Division of this association which do not agree with the statements that have been made,

THEREFORE BE IT RESOLVED that this Division recommends to the B.C. Hospitals' Association that a committee be set up, in the composition of which will be at least four trustees and four administrators, to make a survey of costs in hospitals in B.C. in comparison with the costs of hospitals in other Provinces and the U.S.A. and that the findings of this Committee be forwarded to the Provincial Government.

13. A resolution was submitted from the floor calling attention to the shortage of laboratory and x-ray technicians in British Columbia. It requested the incoming executive to study the feasibility of setting up courses for the training of technicians.

14. RESOLVED THAT the Executive Secretary be instructed to write letters of appreciation and thanks to: (1) The exhibitors for their generous support; (2) The Press for publicizing the proceedings of the 1955 Convention; (3) Buttar and Chiene for auditing our books year after year; (4) to the Honourable Eric Martin for his address to the Convention and the courtesies extended to the members by the Government; (5) The Commissioner and members of the staff of BCHIS for their participation in the program; (6) That the thanks and appreciation of our hospitals be extended to the members of our hospital auxiliaries for the splendid work they are doing in the interests of patients, and also to those leaders in our auxiliaries who have brought the Provincial Hospital Auxiliary Division to its present outstanding position in the hospital field. (7) Any and all persons who in any way contributed to the success of the Convention.

Manitoba Resolutions

(Concluded from page 116)

whose reporters have been in attendance each day and to the nine organizations participating with the Associated Hospitals of Manitoba in this conference.

7. BE IT RESOLVED that the members of the Associated Hospitals of Manitoba wish to express their appreciation of the efforts of the officers and directors on behalf of the Association during the past year.

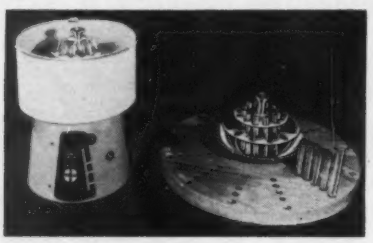
AND BE IT FURTHER RESOLVED that we, the members, concur and approve all actions of the Board of Directors in the conduct of the business of the corporation since the last annual meeting.

News Released by Hospital Supply Houses

By C.A.E.

New Centrifuge For Serological Procedures

The Sero-Fuge is a new instrument specifically designed for Coomb's tests, anti-agglutinin tests, cross-matching and other serological procedures performed in blood banks and clinical laboratories. Manufactured by Clay-Adams, Inc., New York 10, the Sero-Fuge features an adjustable timer, an On-Off button, an aluminum safety guard and a "see-thru" safety cover.



Tubes are spun at an angle of 45 degrees at 3400 rpm. Head holds up to 12 tubes. The Adams cross-matching safety rack holds the original sample and specimen tubes and reduces the chances for error since the tubes in the head line up infallibly with the tube on the rack from which the ample was drawn.

Survey of Sterilization Techniques

The latest suplement of the "Handbook of Sterilization and Disinfection", written by Dr. Phoebus Berman, M.D. and John S. Beckett, B.Sc., has just come off the press. This supplement is an informative report on present autoclave sterilization techniques and practices obtained in a recent survey of hospitals.

This survey indicate that sterilization techniques used in hospitals today range all the way from excellent, through indifferent, to bad.

The owners of the "Handbook" who were surveyed, tell quite frankly the routine techniques as currently practiced in their institutions. The several thousand "Handbook" owners were asked specific questions. Complete anonymity was secured by requesting "no signature" on the responses. Hence, 'honest" answers were secured.

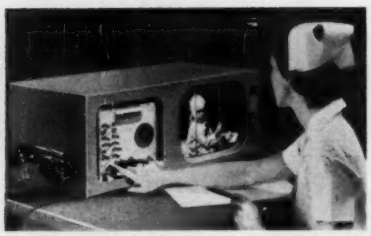
These reports have been collated and summarized in this new supplement. Also included in this "Handbook" supplement are constructively critical comments on each of the items reported in the survey. These comments are made by a prominent bacteriologist, and equally well-known operating room superviser and by the authors.

The publishers, A.T.I. Publishing Division, 11471 Vanowen Street, North Hollywood, California, will be glad to supply a copy of this supplement, to anyone interested, without charge.

Monitor Scope Helps Solve Nurse Shortage

It appears that hospital nurses will be able to take care of more hospital rooms with the introduction of the new Sperti Faraday Visicall Monitor, shown for the first time at the American Hospital Association Convention at Atlantic City, in September.

As shown, a nurse can sit at her desk and receive images on a viewing screen of the interiors of the hospital rooms under her care. Camera units installed in the rooms transmit the images to the monitor scope in her office. Through a speaker, she can also carry on private conversations with patients in any of the rooms.

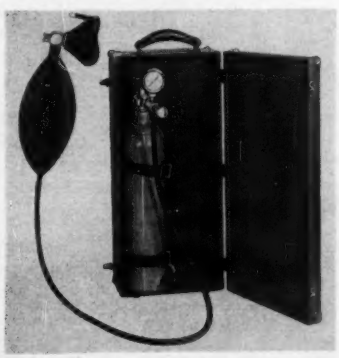


If necessary for privacy, a patient-controlled switch cuts off the speaker and camera, thus enabling the patient and his visitor to carry on private conversation. Images of the rooms rotate at regular intervals on the monitor but can be halted and retained at will by the nurse.

Descriptive literature may be obtained by writing to Sperti Faraday, Inc., of Adrian, Mich.

Portable Oxygen Unit

A new portable oxygen unit designed for the emergency administration of oxygen for resuscitation or continuous flow therapy is being manufactured by the Ohio Chemical & Surgical Equipment Co. (A division of Air Reduction Company, Incorporated), Madison 10, Wisconsin. It is recommended for emergency use by physicians in hospitals, in dental offices, by ambulance services, police and fire departments, civil defense units, and in industrial plants.



The unit consists of the carrying case, yoke for medical-type cylinder

(Concluded on page 126)

Across The Desk

(Concluded from page 124)

valves, needle valve control with pressure indicating gauge, supply tubing, collector bag, inhaler assembly modified to limit positive pressure to approximately 20 MM. Hg., face mask, and cylinder wrench.

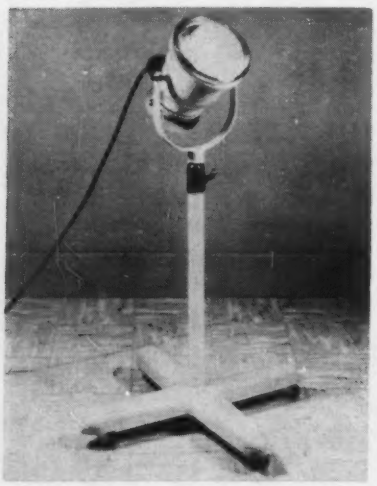
When used for resuscitation the needle valve is opened wide to permit the bag to fill while the mask is held in position on the patient's face. Pressure is then applied to the bag by squeezing to force the oxygen into the patient's lungs.

To obtain complete information on the new portable oxygen unit, write to their associated Canadian company, Ohio Chemical Canada Limited, 180 Duke Street, Toronto.

Castle Explosion-Proof Light

Underlining the need for safety in minor as well as major surgeries, Wilmot Castle Company engineers announce the latest addition to the company's explosion-proof light line.

Designed primarily for E.N.T. and other similar head-mirror work, the new No. 56 Reflex Light has completely sealed electrical components enabling anesthetic gaseous mixtures to be used in minor surgery without risk to patient and personnel. The light has approval of Underwriters Laboratories for use in hazardous locations.



A special wide-angle lens provides a 70° beam of light, illuminating an area six feet in diameter at a working distance of four feet. According to the manufacturer, this feature saves personnel time in constant readjustment of old type concentrated "spots", while allowing the surgeon perfect freedom of movement within the circle of light.

Illustrated literature and complete specifications are available on request. Wilmot Castle Company, 1876 E. Henrietta Road, Rochester, New York.

Debut of X-Ray Motion Pictures

X-ray motion pictures—known technically as cinefluorography—made their commercial debut recently with the announcement that General Electric Co., X-ray Department, of Milwaukee, Wis., will soon turn out the first such units to be manufactured on this continent.

Dr. James S. Watson, radiologist, and Sydney A. Wineberg, associate in radiology, of the University of Rochester Medical Center, have developed and designed the equipment.

The new apparatus has been designed for use with conventional x-ray equipment, and can be used for taking pictures with the patient seated, standing or, as is desirable in many instances, lying down. The picture-taking area is 15″ by 15″, almost as large as the conventional 14″ by 17″ x-ray film. The device can be used with either 16 mm or 35 mm film and offers a speed range of 3¾ to 30 frames per second.

Heart of the device is the f/o.71 lens, which is about 30 times faster than the lens on a newspaper photographer's camera. Also vital is the electronic triggering mechanism which turns the 100,000 to 130,000 volt x-rays on and off up to 30 times a second, in perfect synchronism with the motion picture camera, minimizing the x-ray dosage that the patient receives.

Ice and Snow Melter

"Ice-Foe" is a new compound for melting ice and snow, and is distributed by G. H. Wood & Company Limited. It possesses a melting capacity up to 10 times greater than salt. The fast acting, tiny chemical balls can be spread before, during or after a snowstorm or freeze-up.

This interesting new product is recommended to clear snow and ice from drains, sewers and downspouts; and to keep sidewalks, steps, parking lots and runways free of ice and snow.

"Ice-Foe" will not harm concrete which has been laid and seasoned over a year. It will not harm rugs, tires, shoes, grass or vegetation; leaves no white messy rings or residue; is economical—has up to 10 times the thawing capacity of salt, and begins working at once regardless of temperature. When applied as snow starts to fall, "Ice-Foe" will prevent the formation of ice. It is packed in 100 lb. drums, for economical use.

Write to G. H. Wood & Company Limited, General Division, Box 34, Toronto 14, for complete information.

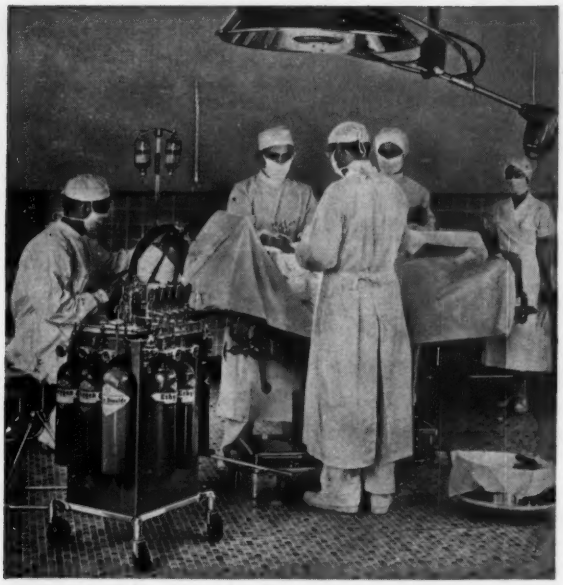
New Automatic Titrator

The Radiometer Company of Copenhagen, through their exclusive Canadian agents, Bach-Simpson Limited of London, Ont., introduce a new and remarkable electro-chemical instrument Model TTT-1 for the automatic performance of electrometric titrations. Its unequalled zero and amplification stability makes it most suitable for continuous operation, either for control or measurement work.

Used in conjunction with a radiometer manual titration unit it is completely flexible—with both end-point, and proportional band for end-point approach, controllable and calibrated both in pH and millivolts.

In addition it is a precision and high grade pH instrument for laboratory measurement in both pH and millivolt readings and for acid/base, redox and other potentiometric titrations including dead-stop end-point titrations.

The TTT-1 will be sold nationally through Canadian Laboratory Supplies Limited, and the Minneapolis-Honeywell Regulator Company Limited. Descriptive literature is available on request.



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NOVEMBER, 1955

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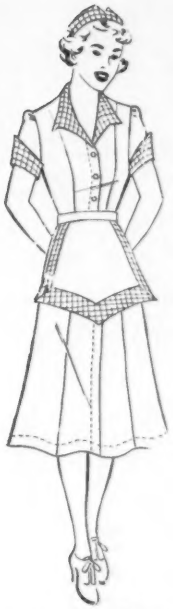

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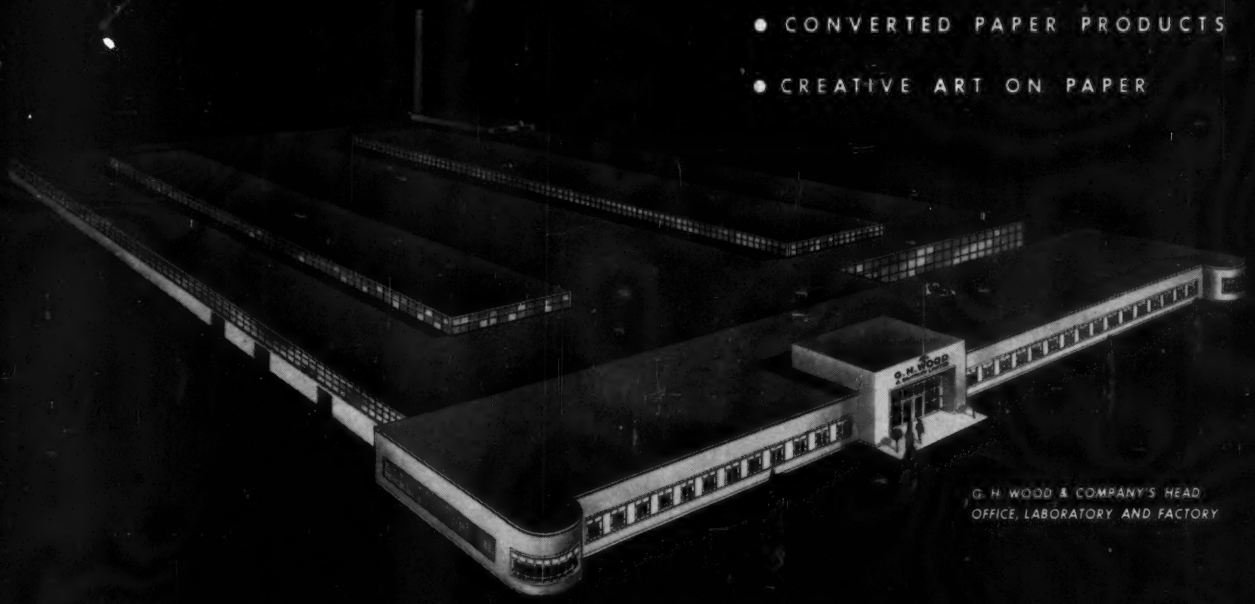

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